

63C
52 6001BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6001

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret A. Harwood

2. DATE
OF
DEATH

June 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

932 Abbott Court

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN
Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

932 Abbott Court

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 29, 1860

9. AGE (in years
last birthday)

92

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William T. Keith

14. MOTHER'S MAIDEN NAME

Marcella Moore

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS
Albert Crouse, 1622 East 33rd Street

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arterioscl. C. v. disease

5 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerosis, generalized

10 yrs.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1945, to June 30, 1952, that I last saw the
deceased alive on June 30, 1952, and that death occurred at 4:15 P. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

cremation

24B. DATE

7/3/52

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Crematory

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 2 1952

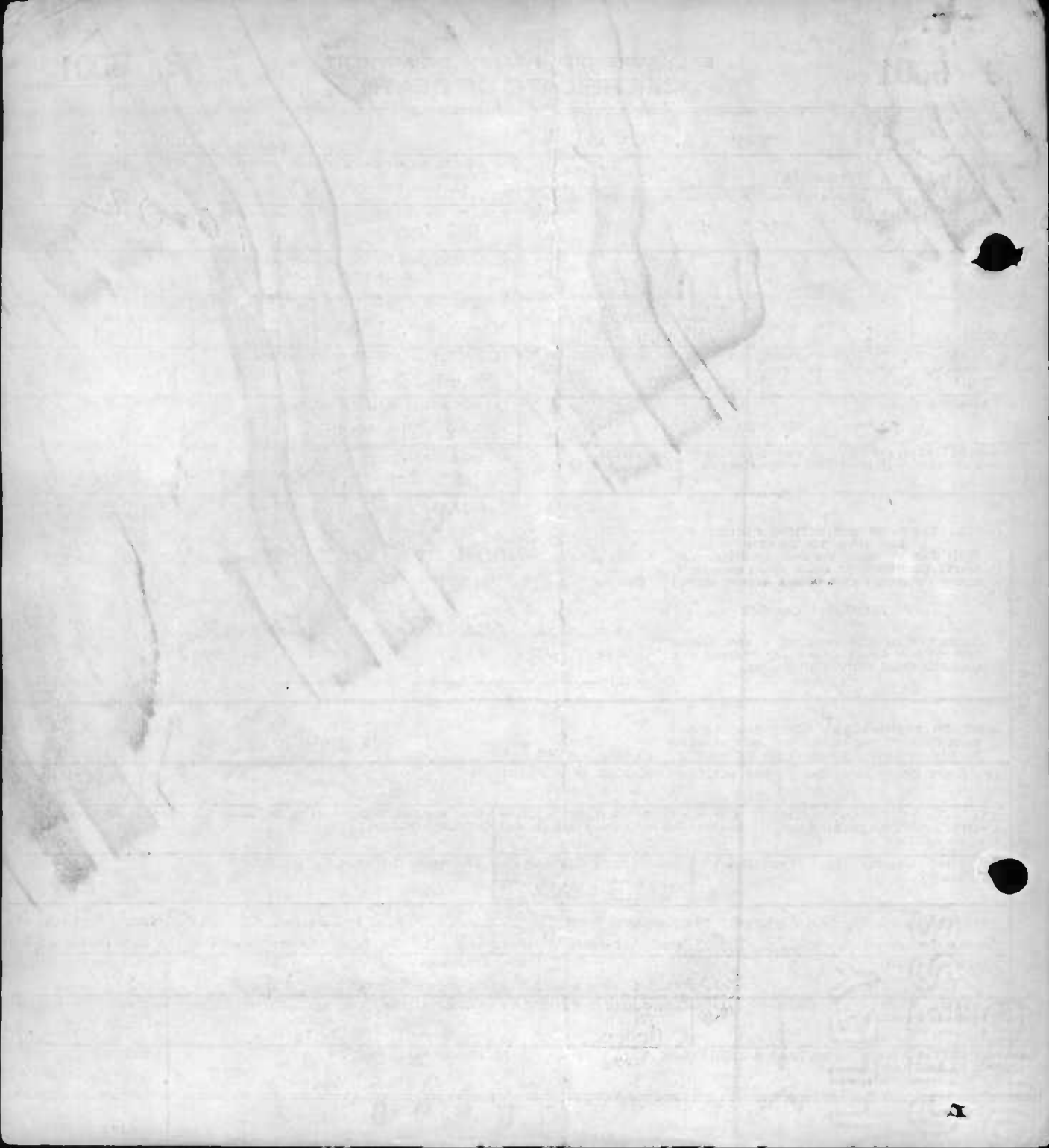
Huntington Williams, M.D.

Wm. Cook, Inc.,

1217 St. Paul Street

VPR:AO

1 5 2 0 5 9 9 0



52 6002

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6002
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Leo James Dougherty			2. DATE OF DEATH 6/28/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md.		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 413 Warren Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1901	9. AGE (in years last birthday) About 50	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Marine Transportation			11. BIRTHPLACE (State or foreign country) Baltimore, Md.		
13. FATHER'S NAME SEAMAN Patrick Dougherty			14. MOTHER'S MAIDEN NAME Mary Ann McHugh		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Leo J. Dougherty			ADDRESS 413 Warren Ave.		

18. 322.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Terminal pneumonia	CAUSE OF DEATH Terminal pneumonia	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic alcoholism		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6/27/52**, 19**52**, to **6/28/52**, 19**52**, that I last saw the deceased alive on **6/28/52**, 19**52**, and that death occurred at **12:45 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE E. P. Coffey Jr.	23B. ADDRESS M. O.	23C. DATE SIGNED
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7/1/52	24C. NAME OF CEMETERY OR CREMATORY Cathedral Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland.
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DATE RECEIVED BY LOCAL REGISTRAR JUN 29 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR H.W. Mears and Son	ADDRESS 805 N. Calvert
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VS 150

MEDICAL CERTIFICATION

250

52 6003

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6003

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES LINDSAY McKim

2. DATE
OF
DEATH

June 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

44 Union Memorial Hosp

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Pikesville

5300

D. STREET ADDRESS (If rural, give location)

9 Church Lane

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

July 25 1907

9. AGE (In years,
last birthday)

44

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Engineer

10B. KIND OF BUSINESS, OR
INDUSTRY

Hartford Accident & Ind. Co.

13. FATHER'S NAME

Basil J. McKim Insurance

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

V

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Katherine E. McKim Pikesville Md.

18. 193X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Brain Tumor (Glioma)

4 mo. (?)

ANTECEDENT CAUSES

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

June 26, 1952

19B. MAJOR FINDINGS OF OPERATION

Tumor invading most of left cerebral hemisphere

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from June 26, 1952, to June 27, 1952, that I last saw the deceased alive on June 27 1952, and that death occurred at 11:15 a. m., from the causes and on the date stated above.

23A. SIGNATURE

William A. Crocraft

M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

June 27, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/30/52

24C. NAME OF CEMETERY OR CREMATORY

St. Charles

24D. LOCATION (City, town, or county)

Pikesville Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 30 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Frank H. Newell - Pikesville

ADDRESS

Pikesville Md

VS 150

583 93000

MEDICAL CERTIFICATION

Star

50

THE NEW YORK PUBLIC LIBRARY

ASTOR LENOX TILDEN FOUNDATION

1897

1897

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1897

52 6004

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6004
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Henry Payne

2. DATE
OF
DEATH

June 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)

Bar-Wil-Bar Nursing Home

2101 Cold Spring Lane

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Reisterstown,

5200

D. STREET ADDRESS (If rural, give location)

Hanover Road

c. Length of stay in Baltimore

7

Yes.
Mee.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 10, 1849

9. AGE (In years)

103

If Under 1 Year

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farm Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Employed on Farm

11. BIRTHPLACE (State or foreign country)

West Moreland Co. Va.

12. CITIZEN OF

WHAT COUNTRY?
U.S.

13. FATHER'S NAME

William Payne

14. MOTHER'S MAIDEN NAME

Hannah -- --

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

None

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Laura Payne Baltimore 18, Md.

18. 332X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Cerebral Vascular Occlusion 5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Generalized Arteriosclerosis 5 yrs

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 6-24, 1944 to 6-27, 1952, that I last saw the deceased alive on 6-26, 1952, and that death occurred at 5 P. m., from the causes and on the date stated above.

23A. SIGNATURE

D. D. Caples

M. D.

23B. ADDRESS

Reisterstown, Md.

23C. DATE SIGNED

6-26-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 30/52

24C. NAME OF CEMETERY OR CREMATORY

St Luke's Cem

24D. LOCATION (City, town, or county)

Reisterstown

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 30 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. F. Eline & Sons, Reisterstown, Md.

VS 150

6001

MEDICAL CERTIFICATION

1000 52

RECEIVED BY THE DIRECTOR

OFFICE OF THE DIRECTOR

TO THE DIRECTOR OF THE BUREAU OF THE ARMY

FROM THE DIRECTOR OF THE BUREAU OF THE ARMY

SUBJECT: [Illegible]

DATE: [Illegible]

REFERENCE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

452
52 6005BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6005

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John A. Collins

2. DATE
OF DEATH

June 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med. Coll.

B. FULL NAME OF HOSPITAL OR INSTITUTION
(If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

Harford

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Aberdeen, Harford Co.

D. STREET ADDRESS (If rural, give location)

Rural - Churchville

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

6-12-13

9. AGE (In years last birthday)

39

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Day Laborer

10B. KIND OF BUSINESS OR INDUSTRY

U.S. Post.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Robert Collins

14. MOTHER'S MAIDEN NAME

Harriet Bond

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

Yes

16. SOCIAL SECURITY NO.

214-16-3107

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

18. 600.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hemia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Probable chronic pyelonephritis

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-16-1952 to 6-29-1952, that I last saw the deceased alive on 6-29-1952, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Norman E. Shaver M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6-29-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

July 3rd

24C. NAME OF CEMETERY OR CREMATORY

Greenspring Cemetery, Lovel, Harford Co. and

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Willigues, M.D.

25. FUNERAL DIRECTOR

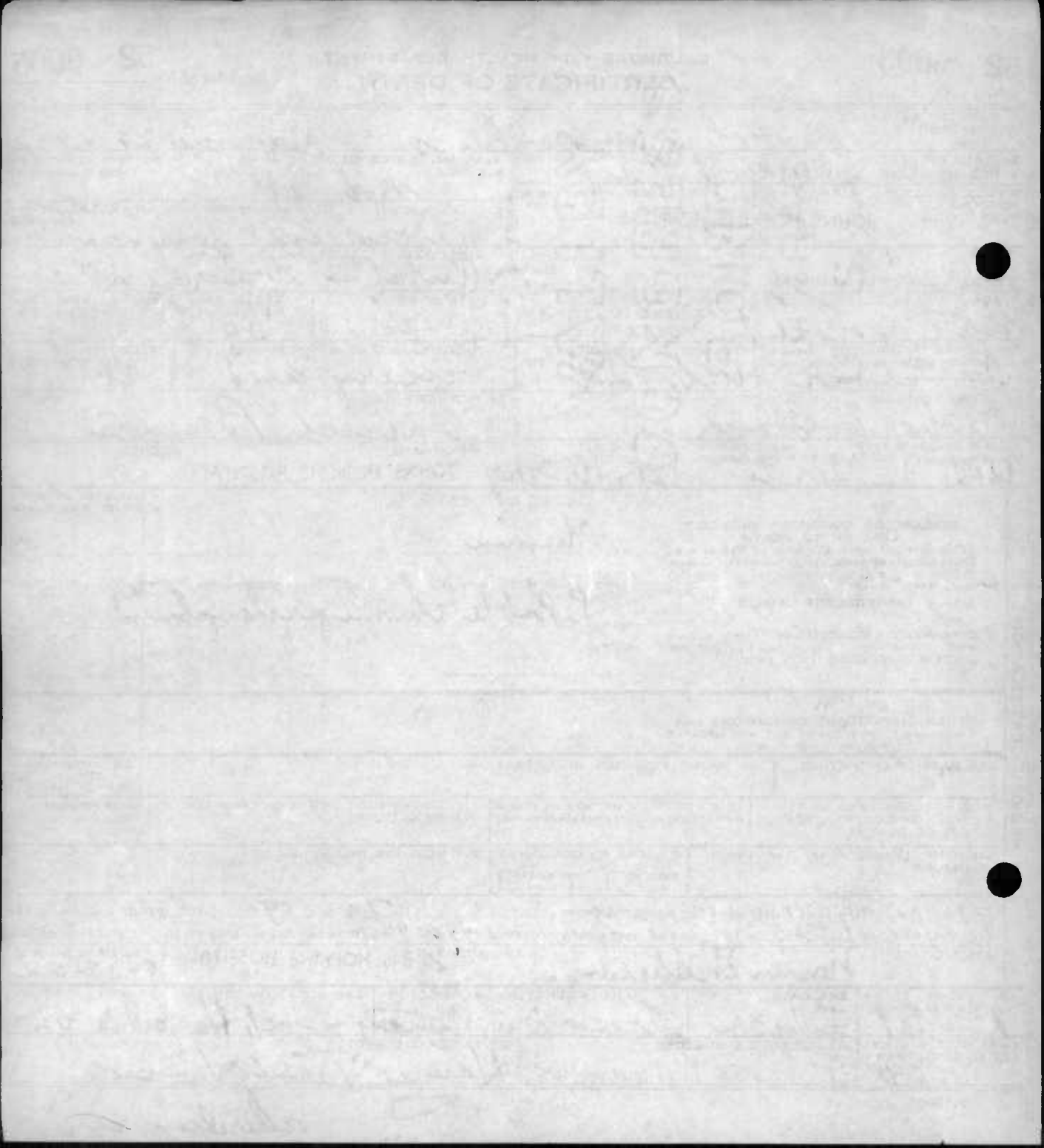
Henry Varrigot Sons

ADDRESS

VS 150

970610

aberdan rd



100

52 6006

MOSES CORD
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6006

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Cobb Moses

2. DATE
OF
DEATH

6-26-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
relationship)

Baltimore 16-09

D. STREET ADDRESS (If rural, give location)

810 N. Payson St.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Apr. 2, 1912

9. AGE in years

40

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cement mixer

10B. KIND OF BUSINESS OR
INDUSTRY

Engineering Co.

11. BIRTHPLACE (State or foreign country)

Appling, Ga.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Lacie

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. Helene P. Cobb
810 N. Payson St.

18. 420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Anemia, terminal.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive retinopathy grade 3

DUE TO

Hypertensive heart disease

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pulmonary Edema

Mal. nephrosclerosis; cardio-hepatomegaly

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-20-52, 19, to 6-26-52, 19, that I last saw the
deceased alive on 6-26-52, 19, and that death occurred at 7P. m., from the causes and on the date stated above.

23A. SIGNATURE

J. B. Bonarba M.D.

23B. ADDRESS

Huntington Hospital

23C. DATE SIGNED

6-26-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 29, 1952

24C. NAME OF CEMETERY OR CREMATORY

Rehoboth Baptist

24D. LOCATION (City, town, or county) (State)

Appling, Ga.

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 30 1952

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

Halland Funeral Home

ADDRESS

1631 Smith Hill Ave.

VS 150

1552005
97024

MEDICAL CERTIFICATION

1. NAME OF DECEASED [Faint text]		2. SEX [Faint text]		3. AGE [Faint text]	
4. DATE OF BIRTH [Faint text]		5. PLACE OF BIRTH [Faint text]		6. RACE [Faint text]	
7. OCCUPATION [Faint text]		8. CAUSE OF DEATH [Faint text]		9. MANNER OF DEATH [Faint text]	
10. SIGNATURE OF DECEASED [Faint text]		11. SIGNATURE OF WITNESS [Faint text]		12. SIGNATURE OF PHYSICIAN [Faint text]	
13. SIGNATURE OF CLERK [Faint text]		14. SIGNATURE OF REGISTRAR [Faint text]		15. SIGNATURE OF JUDGE [Faint text]	

500

52 6007

BIRTH NO.

SHEAN
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6007

1. NAME OF DECEASED (Type or Print) BESSIE SARAH SHEAN			2. DATE OF DEATH JUNE 29, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MARYLAND b. COUNTY Carroll		
b. FULL NAME OF (If not in hospital or institution, give street address or location) Hosp. for the Women of Md.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NEW WINDSOR 5600		
c. Length of stay in Baltimore 37 Days			d. STREET ADDRESS (If rural, give location) ROUTE # 2		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 5-8-1878	9. AGE (in years last birthday) 74	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MARYLAND
12. CITIZEN OF WHAT COUNTRY? USA			13. FATHER'S NAME EMANUEL BOLLINGER		
14. MOTHER'S MAIDEN NAME AUGUSTA QUINCY Ratte			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) NO		
16. SOCIAL SECURITY NO.			17. INFORMANT (GRANDSON) ADDRESS MR. CHARLES STONESIFER AS ABOVE		

18. 331X CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) BRONCHO PNEUMONIA		3 DAYS
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) CEREBRAL HEMORRHAGE, RT HEMISPHERE		12 DAYS
DUE TO		
(C) CORONARY THROMBOSIS WITH POST-MYOCARDIAL INFARCTION		42 DAYS

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. 'AUTOPSY?' YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **May 23, 1952** to **June 29, 1952**, that I last saw the deceased alive on **June 29, 1952**, and that death occurred at **8:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE Gene U. Cohen		23B. ADDRESS Hosp. for the Women of Md		23C. DATE SIGNED June 29, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE July 2, 1952	24C. NAME OF CEMETERY OR CREMATORY Baust Church Cem.	24D. LOCATION (City, town, or county) (State) Nr. Tyrone, Carroll Co, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		
VS 150		25. FUNERAL DIRECTOR John W. Little Littlestown, Pa.		

MEDICAL CERTIFICATION

1. The first part of the paper is a general introduction to the subject of the study. It discusses the importance of the problem and the objectives of the research.

2. The second part of the paper is a detailed description of the methods used in the study. It includes a discussion of the data collection procedures and the statistical analysis techniques.

3. The third part of the paper is a discussion of the results of the study. It presents the findings of the research and compares them with the results of previous studies.

4. The fourth part of the paper is a conclusion and a discussion of the implications of the study. It summarizes the main findings and discusses the potential applications of the research.

5. The fifth part of the paper is a list of references. It includes a list of the books, articles, and other sources used in the study.

240 52 6008		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		52 6008 Registered No. _____	
BIRTH NO. _____					
1. NAME OF DECEASED (Type or Print) HARRY SIEGAL			2. DATE OF DEATH June 29, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1701 Ellamont St			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-10		
c. Length of stay in Baltimore 60 yrs.			O. STREET ADDRESS (If rural, give location) 3902 Penhurst Ave		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1881	9. AGE (In years, last birthday) 71	H Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant		10B. KIND OF BUSINESS OR INDUSTRY General Mdse.	11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME Jacob Siegal			14. MOTHER'S MAIDEN NAME Fannie Zelnick		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. Louis Siegal- 3902 Penhurst Avenue		
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Broncho - Pneumonia (A) _____ DUE TO Hypertension (B) _____ DUE TO Cerebral accident & Paralysis Right side (C) _____			INTERVAL BETWEEN ONSET AND DEATH 1 week 4 years 3 years		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1948 , 19__, to June 29, 1952 , that I last saw the deceased alive on 6/28, 1952 , and that death occurred at 3:54 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Sheldon Coon		23B. ADDRESS 1201 Eutan Place		23C. DATE SIGNED 6/29/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 30, 1952		24C. NAME OF CEMETERY OR CREMATORY Mogan Abraham Cemetery	
				24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Sol Levensont Bms North ave	
VS 150 1952 2906 A 0 5					

MEDICAL CERTIFICATION

VALLEY

GOVERNMENT

100-21-10

100-21-10

252

52 6009

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6009

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE WIESINGER

2. DATE
OF
DEATH

6-28-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

University Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 18-02

C. Length of stay in Baltimore

65

Yrs.
Mos.
DaysD. STREET ADDRESS (If rural, give location)
1128 W. Baltimore St.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE MARRIED.

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

6/30/1877 74

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work during most of working life, even if retired)

Truck Hauling

10B. KIND OF BUSINESS OR
INDUSTRY

For Self

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Joseph Wiesinger

14. MOTHER'S MAIDEN NAME

Anne Mary Liber

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS
Mrs Lillian E. Naff Baltimore

18. 153X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

3 days

3 days -

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Carcinomas Colon (2)

6 mo

19A. DATE OF OPERATION

6-13-52

19B. MAJOR FINDINGS OF OPERATION

Carcinoma Transverse, Hepatic Colon

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-6-52, 19__, to 6-28-52, 19__, that I last saw the
deceased alive on 6-28, 1952, and that death occurred at 9:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Henry D. Perry Jr.

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

6-29-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

7/2/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Olivet Cem.

24D. LOCATION (City, town, or county)

2930 Frederick Ave

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD.

25. FUNERAL DIRECTOR

John J. Cowan & Son 805 St.

VS 150

MEDICAL CERTIFICATION

290 52 000

260

52 6010

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6010

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dorthea Geiser

2. DATE
OF
DEATH

6/28/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1173 Cleveland St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 21-02

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1173 Cleveland St.

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

2/2/1877

9. AGE (In years
last birthday)

75

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

house work

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Conrad Fritz

14. MOTHER'S MAIDEN NAME

Wilhelmina Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

-

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

Mrs. Andrew W. Geiser

ADDRESS

1173 Cleveland St.

18. 170X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

6/27/52

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Ca of left heart & Metastases

3 yr

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-10-50, to 6/28, 1952, that I last saw the
deceased alive on 6/28, 1952, and that death occurred at 4:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

John G. Lawkarts

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

7/1/52

24C. NAME OF CEMETERY OR CREMATORY

Western Cem.

24D. LOCATION (City, town, or county)

Edmondson + Longwood

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John J. Cowan & Son

ADDRESS

28 Hollins St.

[Faint, mostly illegible handwritten text, possibly bleed-through from the reverse side of the page. Some words like "plant" and "industry" are faintly visible.]

456
52 6011

52 6011

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Howard Stabler Wilnor</i>			2. DATE OF DEATH <i>June 28, 52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1400 St. Lexington</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore City</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>aged Men's Home</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>9 yrs</i>			D. STREET ADDRESS (If rural, give location) <i>1400 St. Lexington</i>		
5. SEX <i>Male</i>	6. COLOR OF RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Unmarried</i>	8. DATE OF BIRTH <i>Aug-6-1868</i>		9. AGE (In years last birthday) <i>83</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>retired</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Cotton Goods</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>	
13. FATHER'S NAME <i>Jos. K. Wilnor</i>		14. MOTHER'S MAIDEN NAME <i>Margaret A. Hoff</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT <i>W. B. Wilnor (son)</i>	
				ADDRESS <i>Pittsburgh Pa</i>	

18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) ANTECEDENT CAUSES		(A) <i>Cerebral Hemorrhage</i>		<i>24 hrs</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Cerebral Arteriosclerosis</i>			
		(C) <i>Hypertensive C.V.D.</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (a.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

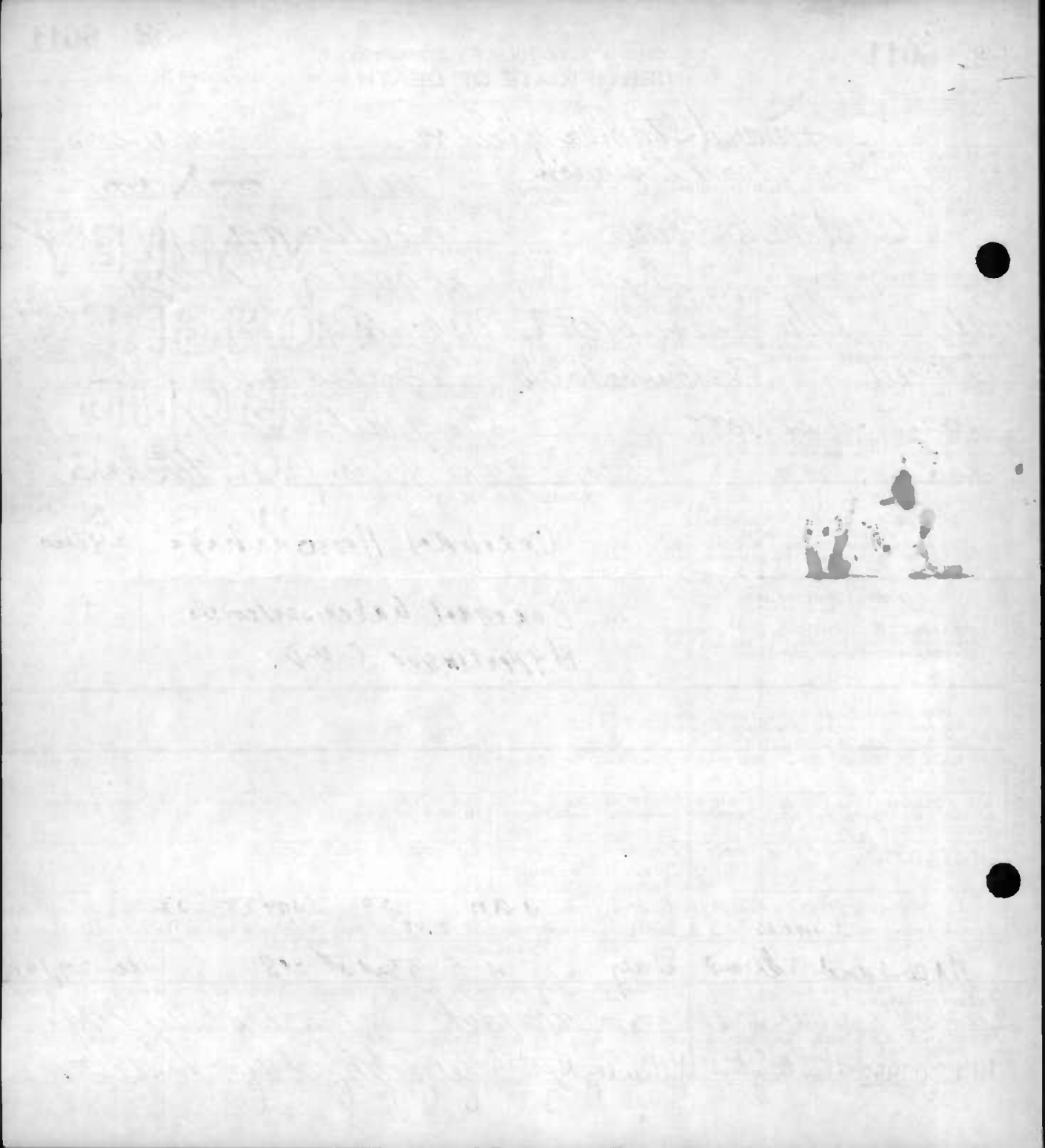
22. I hereby certify that I attended the deceased from *Jan*, 19*50* to *June 28*, 19*52* that I last saw the deceased alive on *June 25*, 19*52*, and that death occurred at *2.00* m., from the causes and on the date stated above.

23A. SIGNATURE *Harold Edmund Day* M.O. *4-2-33051-18* 23B. ADDRESS *June 29, 1952*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>June 30, 52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Landon Park</i>	24D. LOCATION (City, town, & county) <i>Baltimore Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 30 1952</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, Mrs. Susan Morris - Balto.</i>	

VS 150

MEDICAL CERTIFICATION



500
52 6012

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6012
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Dr. Thomas Wm Kedown</i>		2. DATE OF DEATH <i>6-28-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Green & Redwood</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Phy.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 14-01</i>			
C. Length of stay in Baltimore <i>About 63</i>		D. STREET ADDRESS (If rural, give location) <i>1938 Linden Ave</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Feb 5/1868</i>	9. AGE (In years last birthday) <i>84</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>physician</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>medicine</i>		11. BIRTHPLACE (State or foreign country) <i>Ireland</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13. FATHER'S NAME <i>Richard Kedown</i>		14. MOTHER'S MAIDEN NAME <i>Matilda Morrow</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>no</i>		17. INFORMANT <i>Mr. Edith L. Kedown (wife)</i>	
18. <i>153X</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>Fibropurulent peritonitis</i>		<i>12 days</i>	
DUE TO		(B) <i>bronchiopneumonia</i>		<i>6 days</i>	
ANTECEDENT CAUSES		(C) <i>multiple carcinoma colon</i>		<i>25 yrs -</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		A.S.C.V.D.		<i>20 yrs</i>	
19A. DATE OF OPERATION <i>6-19-52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Intestinal obstruction</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6-16-52</i> , 19 <i>52</i> , to <i>6-28-52</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>6-28</i> , 19 <i>52</i> , and that death occurred at <i>11:45</i> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Henry D. Perry</i>		23B. ADDRESS <i>University Hospital</i>		23C. DATE SIGNED <i>6-29-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>July 1-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Green & Redwood</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>		25. FUNERAL DIRECTOR <i>Henry D. Perry</i>		ADDRESS <i>1938 Linden Ave</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 30 1952</i>		REGISTRAR'S SIGNATURE <i>Hartington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Henry D. Perry</i>	
VS 150		19520006000			

MEDICAL CERTIFICATION

534
52 6013

52 6013

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)C. CITY OR TOWN (If outside corporate limits, write R.U.R.L. and give
township)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

B. DATE OF BIRTH

9. AGE (in years
last birthday) If Under 1 Year
Months: Days If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Myocardial Infarction

5 min.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Coronary Occlusion
(C) Coronary Arteriosclerosis5 min
YearsII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.CERTIFICATION APPROVED BY
William Spoth M.D.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to 6/26, 1952 that I last saw the
deceased alive on _____, 19____, and that death occurred at 9 P. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

NOT A MEDICAL EXAMINER'S CASE

M.D.

CHIEF OR ASST. MEDICAL EXAMINER

500
52 6014

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

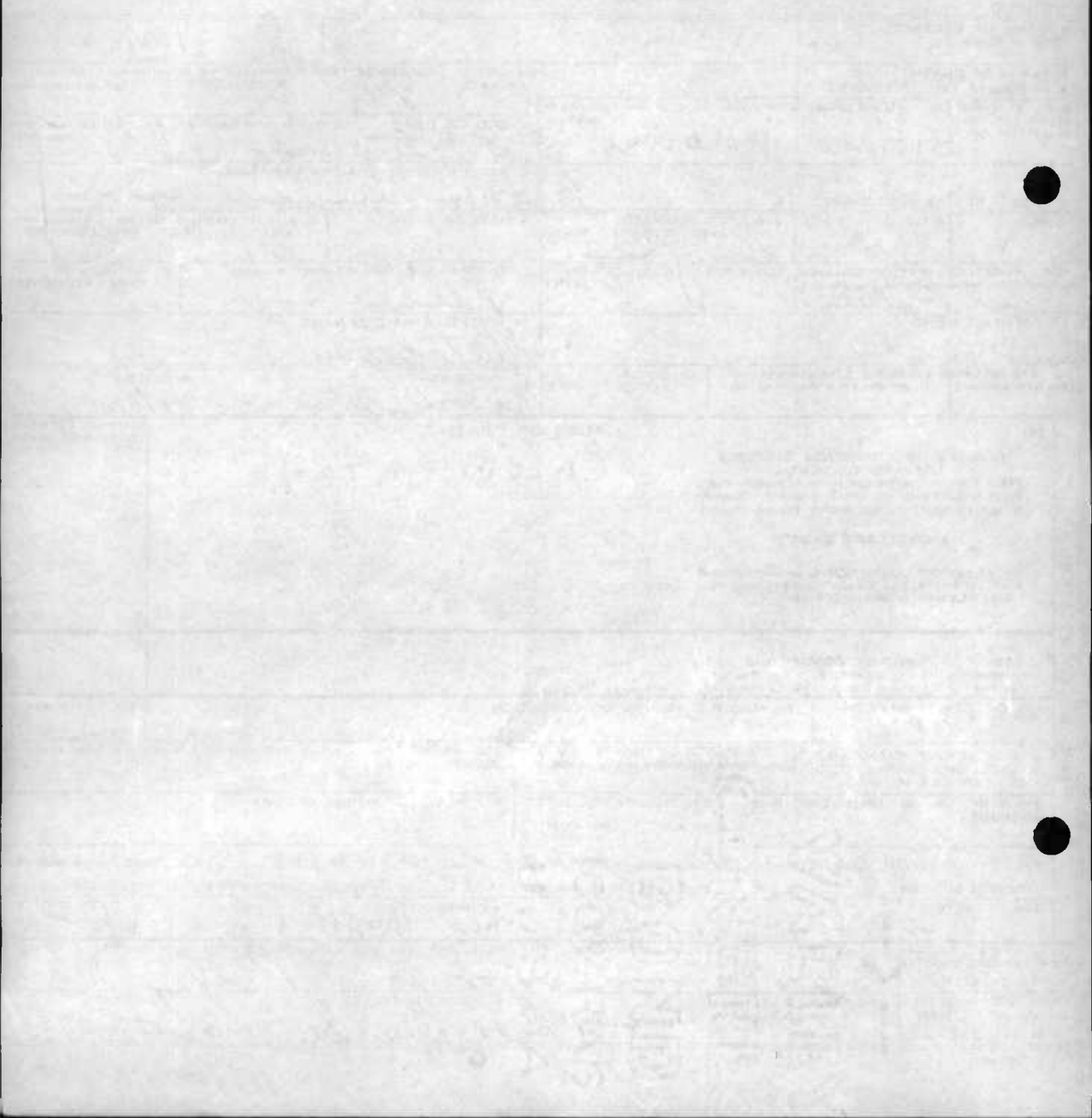
52 6014
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LEON BENN		2. DATE OF DEATH 6/28/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION SINAI HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-02	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2214 Linden Ave	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 67
10A. USUAL OCCUPATION (Give kind of work done during most of working life, if not retired) Real Estate		11. BIRTHPLACE (State or foreign country) Russia	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Israel		14. MOTHER'S MAIDEN NAME Matilda	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Joseph Derman		ADDRESS 6701 Park Rd	

18. 199.9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CARCINOMA TOSIS		INTERVAL BETWEEN ONSET AND DEATH 8
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) DUE TO (B) DUE TO (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		

19A. DATE OF OPERATION 6/30/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/26 , 1952, to 6/28 , 1952, that I last saw the deceased alive on 6/28 , 1952, and that death occurred at 9:20 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE Elias S. S. S. S. S.		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 6/28/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-30-52		24C. NAME OF CEMETERY OR CREMATORY Baltimore Hebrew	
24D. LOCATION (City, town, or county) (State) Balto, Md		25. FUNERAL DIRECTOR Jack Lewis Inc		ADDRESS 2100 Eastern Ave	
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			



140
52 6015BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6015
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph G. RAPHAL

2. DATE
OF
DEATH

6.28.1952.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Sinai Hospital

C. Length of stay in Baltimore

48

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, or if retired)

Merchant

10B. KIND OF BUSINESS OR
INDUSTRY

Men's Clothing

13. FATHER'S NAME

Abraham

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

J. Berman - 3831 Menlo Dr.

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Myocardial infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Chronic coronary disease.

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6.28.1952 to 6.28.1952, that I last saw the
deceased alive on 6.28.1952, and that death occurred at 8:05 P. M., from the causes and on the date stated above.

23A. SIGNATURE

E. Chelmsley

M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

6.28.52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6/30/1952

24C. NAME OF CEMETERY OR CREMATORY

Windsor Hill Rd

24D. LOCATION (City, town, or county)

Balto Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Jack Lewis Inc 2100 Eutaw Pl

JUN 30 1952

VS 150

2906E

MEDICAL CERTIFICATION

DECLARATION OF DEPENDENCY

STATE OF CALIFORNIA

COUNTY OF LOS ANGELES

IN SENATE

January 1, 1964

160
52 6016BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6016
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ABRAHAM SOPHER			2. DATE OF DEATH 6-29-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1625 N. Linwood St. Baltimore Md. 1503			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
D. STREET ADDRESS (If rural, give location) 1625 N. Linwood St			E. LENGTH OF STAY IN BALTIMORE		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 68		9. AGE (in years last birthday) 68
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher			10B. KIND OF BUSINESS OR INDUSTRY Hebrew School		11. BIRTHPLACE (State or foreign country) Russia
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME Joseph		
14. MOTHER'S MAIDEN NAME Edith			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT Esther Sopher - Home		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Neurotic Cardio Vascular disease		INTERVAL BETWEEN ONSET AND DEATH ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 6		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 27, 1952 to June 27, 1952 that I last saw the deceased alive on June 27, 1952 and that death occurred at 9:44 m. , from the causes and on the date stated above.					
23A. SIGNATURE Harold T. Levy		23B. ADDRESS 1844 W. North Ave		23C. DATE SIGNED June 29, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-30-52		24C. NAME OF CEMETERY OR CREMATORY Rosedale	
24D. LOCATION (City, town, or county) (State) Balto Md		24E. NAME OF CEMETERY OR CREMATORY Rosedale		24F. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Jack Lewis	
25. FUNERAL DIRECTOR Jack Lewis		25. FUNERAL DIRECTOR Jack Lewis		25. FUNERAL DIRECTOR Jack Lewis	

VS 150

0938V



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 6017
Registered No. _____

1. NAME OF DECEASED
(Type or Print)

BABY BOY SHERR

2. DATE
OF
DEATH

6-28-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

4217 PIMLICO RD #15

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

6-28-52

9. AGE (In years last birthday)

10 Under 1 Year 11 Under 24 Hours 12 Under 24 Hours Min.

50

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

PHILIP SHERR

14. MOTHER'S MAIDEN NAME

SARA SPIGELMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Philip Sherr - Home

18. 761.5 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

PREMATURITY; ANOXIA

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

-

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

PREMATURE PLACENTAL SEPARATION

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11:00 PM 6-28, 1952, to 12 M 6-28, 1952, that I last saw the deceased alive on 6-28, 1952, and that death occurred at 12 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Richard Fleming G.M. DOWN

23B. ADDRESS

University Hospital

23C. DATE SIGNED

6-29-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

6-30-52

24C. NAME OF CEMETERY OR CREMATORY

Grain Brae

24D. LOCATION (City, town, or county) (State)

Balto MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

2100 Eutaw Rd

JUN 30 1952

VS 150

MEDICAL CERTIFICATION

625
52 6018BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6018
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Wm. B. Harrison

2. DATE
OF
DEATH

6.27.52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Md. General Hospital

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

m.

8. DATE OF BIRTH

Oct 24, 1870

9. AGE (In years
last birthday)

82

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

retired

10B. KIND OF BUSINESS OR
INDUSTRY

Engineer, Md. State

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

William B. Harrison

14. MOTHER'S MAIDEN NAME

Alice ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

?

17. INFORMANT
807 S. East Avenue
Mrs. Ida V. Harrison

18. 163X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of the lungs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6.10, 1952 to 6.27, 1952 that I last saw the
deceased alive on 6.27, 1952 and that death occurred at 10³⁰ P.m., from the causes and on the date stated above.

23A. SIGNATURE

Jin-jui Lin

M. D.

23B. ADDRESS

Md. General Hospital

23C. DATE SIGNED

6.27.52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7/1/52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JUN 30 1952 Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO., 13, MD.

VS 150

19520006015

Henry Sander

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550
52 6019

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6019
Registered No. _____

1. NAME OF DECEASED (Type or Print) MARGARET LOHMANN		2. DATE OF DEATH June 27, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2042 E. Federal Street		C. CITY OR TOWN (If outside corporate limits, write R.U.A.L. and give township) Baltimore	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2042 E. Federal Street	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	B. DATE OF BIRTH Oct. 27, 1866
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY at Home	9. AGE (In years, last birthday) 85
13. FATHER'S NAME Casper Lingelbach		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. none		14. MOTHER'S MAIDEN NAME Johannah ?	
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I Antennioelectric Heart disease		17. INFORMANT 2042 E. Federal Street Mrs Carrie Smith	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1946 , 19__, to 6/27 , 19 52 , that I last saw the deceased alive on 6/26 , 19 52 , and that death occurred at 3⁰⁵ P.m. , from the causes and on the date stated above.			
23A. SIGNATURE W. H. Townsend		23B. ADDRESS 146 E. Eager St.	
23C. DATE SIGNED 6/28/52		M. D.	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 6/30/52	
24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1952		REGISTERAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC.		ADDRESS BALTO., MD.	

MEDICAL CERTIFICATION

PHO 3

UNITED STATES DEPARTMENT OF JUSTICE

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UNITED STATES DEPARTMENT OF JUSTICE

2

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 6020

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) William Brannen Ulrick			2. DATE OF DEATH June 27, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION South Balto. Gen. Hosp. DOA			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 508 E. Clement St.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 25, '06	9. AGE (In years last birthday) 45	10. Under 1 Year Months: _____ Days: _____ 11. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attendant		10B. KIND OF BUSINESS OR INDUSTRY Gas station	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? ✓
13. FATHER'S NAME John Ulrick			14. MOTHER'S MAIDEN NAME Mary Butler		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS Alma M. Ulrick 508 E. Clement St.		

18. 410X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Renal Insufficiency Rheumatic Endocarditis	CAUSE OF DEATH (A) _____ DUE TO _____ (B) _____ DUE TO _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION 6/25/52 19B. MAJOR FINDINGS OF OPERATION _____	

20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from June 10, 1952 to June 27, 1952 , that I last saw the deceased alive on 6/25, 1952 , and that death occurred at 2:30 p. m. , from the causes and on the date stated above.	
23A. SIGNATURE John G. Scheuch	23B. ADDRESS 1337 S. Charles St.
23C. DATE SIGNED 6/28/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/30/52
24C. NAME OF CEMETERY OR CREMATORY Holy Cross	24D. LOCATION (City, town, or county) (State) Ritchie Highway
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1952	25. FUNERAL DIRECTOR ADDRESS Huntington Williams, Inc. 715 Light St.

VS 150

6216K

MEDICAL CERTIFICATION

0500 22

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

0500

NAME OF DECEASED JOHN J. JONES

RESIDENCE 1234 E. BALTIMORE ST. BALTIMORE, MD.

DATE OF DEATH 10/15/1968

PLACE OF DEATH HOME

CAUSE OF DEATH HEART DISEASE

IMMEDIATE CAUSE MYOCARDIAL INFARCTION

UNDERLYING CAUSE ATHEROSCLEROSIS

INTERPRETER'S SIGNATURE [Signature]

DATE OF SIGNATURE 10/15/1968

REGISTRATION NUMBER 100-100000-100000

FILED IN 100-100000-100000

DATE OF FILING 10/15/1968

FILED BY [Signature]

OFFICE OF THE REGISTRAR

CITY OF BALTIMORE

STATE OF MARYLAND

DEPARTMENT OF HEALTH

OFFICE OF THE REGISTRAR

CITY OF BALTIMORE

STATE OF MARYLAND

DEPARTMENT OF HEALTH

OFFICE OF THE REGISTRAR

CITY OF BALTIMORE

STATE OF MARYLAND

DEPARTMENT OF HEALTH

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CITY OF BALTIMORE

STATE OF MARYLAND

DEPARTMENT OF HEALTH

OFFICE OF THE REGISTRAR

CITY OF BALTIMORE

STATE OF MARYLAND

DEPARTMENT OF HEALTH

OFFICE OF THE REGISTRAR

CITY OF BALTIMORE

260
52 6021

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6021
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John C Hecker

2. DATE
OF
DEATH

June 26 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5122 Mareco Ave

C. Length of stay in Baltimore life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

April 19 1877

9. AGE (in years
last birthday)

74

If Under 1 Year
Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

checker

10B. KIND OF BUSINESS OR
INDUSTRY

bakery

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Hecker

14. MOTHER'S MAIDEN NAME

Fredericka Weiseman

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Mae Hecker 3122 Mareco Ave

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary Sclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Coronary Insufficiency

Pulmonary Emphysema
Fibrous - Heart Pericardium Sclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from June 16, 1952, to June 26, 1952, that I last saw the deceased alive on June 24, 1952, and that death occurred at 1:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

June 30 1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 30 1952

Hurlington Williams, M.D.

Ullrich Funeral Home 2004 Orleans St

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THE UNIVERSITY OF CHICAGO

1908

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PHYSICS DEPARTMENT

CHICAGO, ILL.

1908

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PHYSICS DEPARTMENT

CHICAGO, ILL.

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PHYSICS DEPARTMENT

CHICAGO, ILL.

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PHYSICS DEPARTMENT

CHICAGO, ILL.

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PHYSICS DEPARTMENT

CHICAGO, ILL.

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PHYSICS DEPARTMENT

CHICAGO, ILL.

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PHYSICS DEPARTMENT

CHICAGO, ILL.

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CHICAGO, ILL.

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CHICAGO, ILL.

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CHICAGO, ILL.

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CHICAGO, ILL.

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PHYSICS DEPARTMENT

CHICAGO, ILL.

520
52 6022BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6022

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Luther J Thomas		2. DATE OF DEATH June 26 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 3726 Frankford Ave		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write FULLAL and give township) Baltimore			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2224 E Lanvale			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Sept 3 1876	9. AGE (In years, last birthday) 75	10. Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY Watchman		11. BIRTHPLACE (State or foreign country) Baltimore	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Don't Know		14. MOTHER'S MAIDEN NAME Don't Know	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs Ida M Weis 408 S Marlyn Ave	

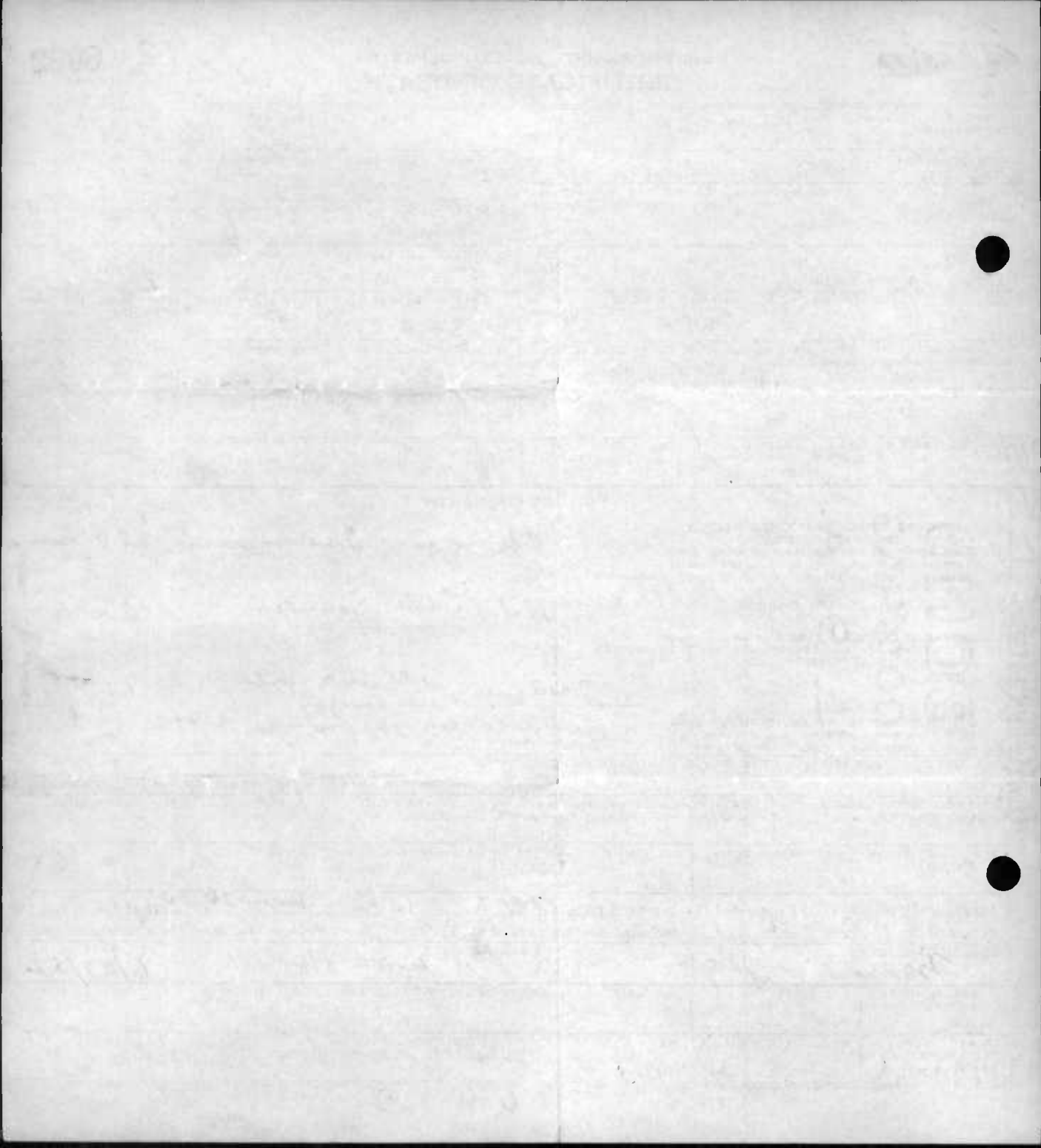
18. 177X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Broncho - Pneumonia ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) obstructive Jaundice II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO (C) Malignancy of Prostate with generalized metastases to liver bones, etc.	INTERVAL BETWEEN ONSET AND DEATH 24 hours 5 weeks 1 year
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19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1952, to June 26, 1952, that I last saw the deceased alive on June 26, 1952, and that death occurred at 9 A. M., from the causes and on the date stated above.

23A. SIGNATURE Mons G. Jacobs	23B. ADDRESS 1810 North Point Rd	23C. DATE SIGNED 6/27/52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE June 30 1952	24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	FUNERAL DIRECTOR ADDRESS Ulrich Funeral Home 2004 Orleans	

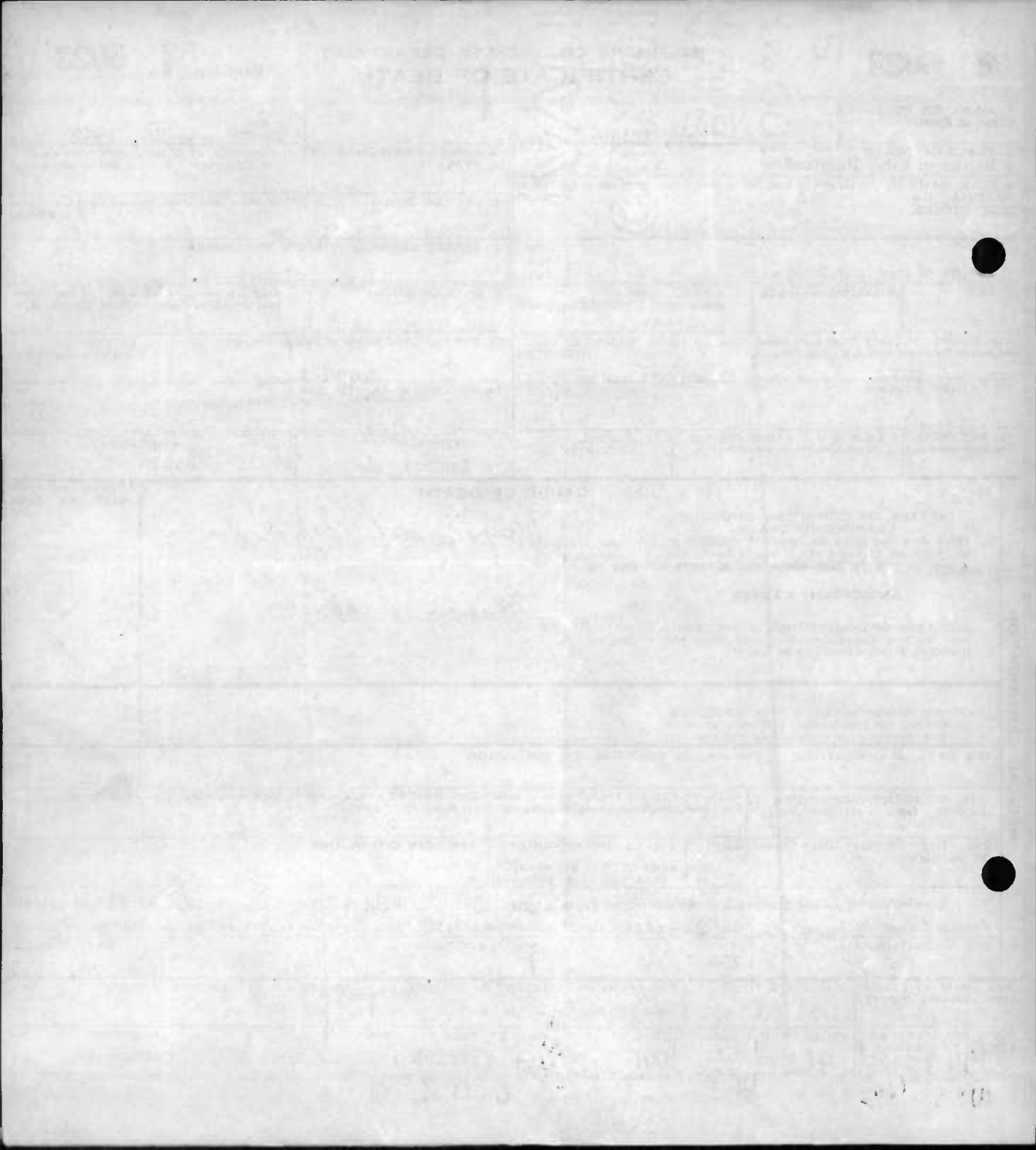


536
52 6023BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6023
Registered No.

1. NAME OF DECEASED (Type or Print) Wunderlich, Maude May		2. DATE OF DEATH June 26, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's		C. CITY OR TOWN Baltimore	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 7 S. Potomac St.	
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH December 6 1895
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wife		10B. KIND OF BUSINESS OR INDUSTRY Own home	9. AGE (In years last birthday) 56
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William Seidenstricker		14. MOTHER'S MAIDEN NAME May Coniff	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs Dorothy Lapaglia		ADDRESS 410 Denison St	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarction DUE TO Arteriosclerosis ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION ✓		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 13 , 1952 to June 26 , 1952, that I last saw the deceased alive on June 26 , 1952, and that death occurred at 5:25 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE E. P. Coffey Jr.		23B. ADDRESS 1400 N. Caroline St.	
23C. DATE SIGNED June 26, 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 30 1952	
24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore	
25. FUNERAL DIRECTOR Ullrich Funeral Home		ADDRESS 2004 Orleans St	
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	

VS 150

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BIRTH NO. 52-03544		2. DATE OF DEATH JUNE 28, 1952	
1. NAME OF DECEASED (Type or Print) YVONNE BURNETT			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Balto B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 19-01	
D. STREET ADDRESS (If rural, give location) 537 N. Vincent St			
c. Length of stay in Baltimore			
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 2/14/52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 41 1/2
11. BIRTHPLACE (State or foreign country) Balto		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Samuel Burnett		14. MOTHER'S MAIDEN NAME Elizabeth McLain	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Samuel Burnett 537 N. Vincent St

18. 491X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DEHYDRATION BRONCHOPNEUMONIA INTERVAL BETWEEN ONSET AND DEATH	CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE Stanley H. Duncanson M.D.	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED June 29, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7/2/52	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn
24D. LOCATION (City, town, or county) Balto	25. FUNERAL DIRECTOR	ADDRESS 638 N. Delaware St
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	

44

140
52 6025

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6025
Registered No.

BIRTH NO.			
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Susan Rivers Byrd Shipley		June 28, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY none	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 118 W. Lafayette Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 50 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 118 W. Lafayette Ave.	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 27, 1872
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 80
13. FATHER'S NAME Col. William Byrd		12. CITIZEN OF WHAT COUNTRY? U. S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. J. Lester Shipley, Jr.		ADDRESS -118 W. Lafayette	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) DUE TO A. Cerebral Hemorrhage B. Myocarditis C. Arterio-sclerosis INTERVAL BETWEEN ONSET AND DEATH 14 hrs Gradual ✓			19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July, 1945, to June 28, 1952, that I last saw the deceased alive on June 28, 1952, and that death occurred at 10:4 a. m., from the causes and on the date stated above.			
23A. SIGNATURE M. H. Moody		23B. ADDRESS 1403 Park Avenue	
23C. DATE SIGNED 6 - 30 - 52		M. D.	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 6 - 30 - 52	
24C. NAME OF CEMETERY OR CREMATORY Loudon Park		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.		ADDRESS -1900 Eutaw Place	

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

1957

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52 6026

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) PAACHT, MRS Emma Virginia			2. DATE OF DEATH June 27, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore Md.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION Home for Incurables - 700 W. 40th ST.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) —			E. LENGTH OF STAY IN BALTIMORE Life		
5. SEX F	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH APRIL 26 1894		9. AGE (In years last birthday) 58 yrs
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A
13. FATHER'S NAME Henry BAETJER			14. MOTHER'S MAIDEN NAME Louise Briegel		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no	17. INFORMANT ADDRESS S. E. Ross - 256 F Edmondson Ave		

18. **42010** I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) **Arteriosclerosis / Heart Disease** 2 years

DUE TO **Arteriosclerosis (Generalized)** 3 1/2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____

DUE TO _____

(C) _____

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertrophic Arthritis 10 years

Total Cataract - Cataract (Right) 8 years.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **3/16** 19**50**, to **June 27**, 19**52**, that I last saw the deceased alive on **June 27**, 19**52**, and that death occurred at **4:15 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE W. Grafton Hersperger		23B. ADDRESS 214 Medical Art Building		23C. DATE SIGNED 6/28/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 6 - 30 - 52		24C. NAME OF CEMETERY OR CREMATORY Woodlawn	
24D. LOCATION (City, town, or county) (State) Woodlawn, Maryland					

DATE RECEIVED BY LOCAL REGISTRAR **JUN 30 1952**

REGISTRAR'S SIGNATURE **Huntington Williams, M.D.**

25. FUNERAL DIRECTOR ADDRESS
John O. Mitchell & Sons, Inc. 1900 Eutaw Pl.

1904 56

THE CHURCH OF THE HOLY TRINITY

WYOMING TERRITORY

1904

WITNESSED BY THE CHURCH OF THE HOLY TRINITY

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WITNESSED BY THE CHURCH OF THE HOLY TRINITY

532
52 6027

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6027
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARY E. YOUNTS			2. DATE OF DEATH 6-27-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY 20-00		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Lutheran Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 2400 Lauretta Ave		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Aug. 15, 1889	9. AGE (In years last birthday) 63	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. W.			10B. KIND OF BUSINESS OR INDUSTRY Domestic		
11. BIRTHPLACE (State or foreign country) N. C.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Quickles			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Inez Hunt, 709 Lynhurst St.			ADDRESS		

18. 420.1 and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH CVA	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. HTCVD	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. myocard. infarct Diabetes Mellitus	

19A. DATE OF OPERATION 6-27-52	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6-10-52** to **6-27-52**, that I last saw the deceased alive on **6-27-52**, and that death occurred at **945 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE Manning. Pemberton	23B. ADDRESS Luth. Hosp	23C. DATE SIGNED 6-27
---	-----------------------------------	---------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/30/52	24C. NAME OF CEMETERY OR CREMATORY Lanaine Gk	24D. LOCATION (City, town, or county) (State) Woodlawn Md
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Harry F. Witzke	ADDRESS 4101 Edmond St

VS 150
15520006024

1900

55

RECEIVED
CENTRAL OFFICE

1900

8546 22

DEPARTMENT OF HEALTH DEPARTMENT
CERTIFICATE OF DEATH

8546



CERTIFICATE CORRECTED 7-17-52

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6029

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Augusta B. Elei

2. DATE
OF
DEATH

6/27/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1101 Steelton Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1101 Steelton Ave.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

B. DATE OF BIRTH

Aug. 21, 1875

9. AGE (in years
last birthday)

74 76

If Under 1 Year
Months: Days

If Under 24 hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

U S A

14. MOTHER'S MAIDEN NAME

not known

17. INFORMANT

ADDRESS

Anna Klingelhofer 1132 Dundalk Ave

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Hypertension Cardio-vascular
Disease.

2 1/2 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Generalized arteriosclerosis 20 yrs.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-27, 1952, to 6-27, 1952, that I last saw the
deceased alive on 6-27, 1952, and that death occurred at 6:39 AM., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Eugene F. Newey

M. D.

Dundalk 23 Md.

6-28-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

6/30/52

Oak Lawn

Baltimore Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

SUN 30 1952

Huntington Williams, M.D.

Blayna F. Hoffmann 1639 Broadway

1001

650

52 6030

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6030

1. NAME OF DECEASED (Type or Print) <i>Marian J. Parkam</i>			2. DATE OF DEATH <i>6-28-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>15-04</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>2042 Ruxton Ave</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto.</i>		
c. Length of stay in Baltimore <i>3 yrs</i>			D. STREET ADDRESS (If rural, give location) <i>2042 Ruxton Ave</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>sn.</i>	8. DATE OF BIRTH <i>May 30-1886</i>	9. AGE (in years last birthday) <i>66</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>			11. BIRTHPLACE (State or foreign country) <i>Richmond, Va</i>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <i>U. S.</i>		
13. FATHER'S NAME <i>Henry Jones</i>			14. MOTHER'S MAIDEN NAME <i>Polly Digger</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Charlotte Swan - 2042 Ruxton Ave</i>			ADDRESS		

18. <i>345X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) <i>Sepsis from decubiti</i> (B) <i>Multiple sclerosis</i> (C) _____	CAUSE OF DEATH DUE TO (A) _____ (B) _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>6</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *September, 1949* to *June 28, 1952*, that I last saw the deceased alive on *June 28, 1952*, and that death occurred at *4:30 a. m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>R. Campbell</i>	23B. ADDRESS <i>718 Dolphin St.</i>	23C. DATE SIGNED <i>6-28-52</i>
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24A. BURIAL, CREMATION REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>July 1-1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Memorial Park</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 30 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Samuel W. Sullivan Jr.</i>	ADDRESS <i>1011 N. Arlington Ave</i>
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0800

CONTINUED FROM PREVIOUS PAGE

0800



550
52 6031
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6031
Registered No.

1. NAME OF DECEASED (Type or Print) Lettie I Shannon			2. DATE OF DEATH June 26, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore City			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2834 Harford Rd			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore City		
D. STREET ADDRESS (If rural, give location) 2834 Harford Rd					
c. Length of stay in Baltimore Life Yrs. Mos. Days					
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH December 25, 1875		9. AGE (in years last birthday) 76 If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Room (Retired)			10B. KIND OF BUSINESS OR INDUSTRY Hospital		11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U S A			13. FATHER'S NAME Andrew Shannon		
14. MOTHER'S MAIDEN NAME Mary Blakney			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO. **			17. INFORMANT ADDRESS Miss Mildred Strawbridge 2834 Harford Rd		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Cardio-Vascular disease DUE TO (A) Arteriosclerosis (B) Anteriosclerosis DUE TO (C) Bilateral Glaucoma, Malnutrition		INTERVAL BETWEEN ONSET AND DEATH 15 yrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 24 , 19 43 , to June 26 , 19 52 , that I last saw the deceased alive on June 25 , 19 52 , and that death occurred at 11 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE H. V. Harbold M. D.		23B. ADDRESS 4706 Harford Road		23C. DATE SIGNED June 28, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 30 1952		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	
24D. LOCATION (City, town, or county) Baltimore Md		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, M.D. J. Mcbrille Jenkins 2713 Kirk Ave			

1880

ST

ADMINISTRATIVE DEPARTMENT

1880



1880

520
32 6032
BIRTH NO. 52-13703BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6032
Registered No.

1. NAME OF DECEASED (Type or Print) RENAY MANNS		2. DATE OF DEATH June 27, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1620 Thomas Avenue	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 18, 1952
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		9. AGE (In years last birthday) 9	
10A. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Elmer Manns		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
14. MOTHER'S MAIDEN NAME Margaret Brown		17. INFORMANT ADDRESS Mrs. Margafet Manns 1620 Thomas Av.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	

18. 053.1
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Septicemia, staphylococcal
DUE TO

ANTECEDENT CAUSES

(B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William W. Biddle		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED June 27, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6-30-52	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.	24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1952		REGISTRAR'S SIGNATURE Huntington Williams, Jr.		25. FUNERAL DIRECTOR O. Hensley Biddle

CERTIFICATE CORRECTED 7-10-52

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE F. OGLE

2. DATE
OF
DEATH

June 26, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

LITTLE SISTERS OF POOR HOME

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MD

B. COUNTY

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTO.

5351

D. STREET ADDRESS (If rural, give location)

2824 Tennessee Ave. Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWER

8. DATE OF BIRTH

July 6, 1868

9. AGE (In years,
last birthday)

83

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bookmaker Bet

10B. KIND OF BUSINESS OR INDUSTRY

B.K.O.R.

13. FATHER'S NAME

Atkin Ogle

Not Known

14. MOTHER'S MAIDEN NAME

Not Known

Mary Jane Musgrove

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

James H. Lee - 2824 Tennessee Ave.

18. 151X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1 yr

1 month

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 30, 1952, to June 26, 1952, that I last saw the deceased alive on June 26, 1952, and that death occurred at 6:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

E. G. Hall

M. D.

23B. ADDRESS

1631 E. North Ave

23C. DATE SIGNED

June 30-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

6-30-52

Louisa Park

Balto.

MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 30 1952

Huntington Williams, MD

George A. Farley - Catonsville, Md

VS 150

6030

MEDICAL CERTIFICATION

[Faint, illegible text, likely bleed-through from the reverse side of the page]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered **52** **6034**

BIRTH NO. **51-19725**

1. NAME OF DECEASED
(Type or Print)

BR/AN R. GILBERT

2. DATE
OF
DEATH

June 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Catonsville

D. STREET ADDRESS (If rural, give location)

157 Sanford Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

AUG. 25, 1951

9. AGE (In years last birthday)

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ind.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

OTHO E. GILBERT

14. MOTHER'S MAIDEN NAME

JUNE PLUMMER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

O. E. Silbuck - 157 Sanford Ave.

18. **754.4**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Congenital Heart Disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dureacker

M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

6/28/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

6-30-52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Balto.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Stanley H. Dureacker - Catonsville, Md.

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) GEORGE DALLAS VENEY		2. DATE OF DEATH June 27, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION 512 N. Pine Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 25 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 512 N. Pine Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 5-6-1889
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Sen	
13. FATHER'S NAME Not known Tom Venev		11. BIRTHPLACE (State or foreign country) Northumberland Co., Pa.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Mrs Elizabeth Sheppard		ADDRESS 512 N. Pine St	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		14. MOTHER'S MAIDEN NAME Jane Ball Burnell	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic hepatitis		INTERVAL BETWEEN ONSET AND DEATH 3 years
DUE TO (A) _____		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Valvular disease of heart DUE TO (C) Atherosclerosis		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **June 25, 1952** to **June 27, 1952** that I last saw the deceased alive on **June 26, 1952** and that death occurred at **12:25 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE John E. J. Pamper		23B. ADDRESS 639 N. Carey St		23C. DATE SIGNED 6-27-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/30/52		24C. NAME OF CEMETERY OR CREMATORY St Calvary	
24D. LOCATION (City, town, or county) Cedar Hill		24E. STATE MD		25. FUNERAL DIRECTOR Edolphus Holstead	
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS 918 Dora	

MEDICAL CERTIFICATION

THE JOURNAL

1880

[Faint, illegible handwritten text covering the majority of the page, likely bleed-through from the reverse side.]

-254
52 6037

6037

52 6037

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Henrietta (Angeta) Hafimihalis</i>		2. DATE OF DEATH <i>June 28-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>4006 W. Franklin st</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>4006 W. Franklin st</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>	9. AGE (In years last birthday) <i>51</i>
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country) <i>Greece</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT <i>Husband</i>		ADDRESS <i>4006 W. Franklin st</i>	

18. <i>151X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>GASTRIC CARCINOMA</i>	CAUSE OF DEATH (A) <i>GASTRIC CARCINOMA</i> DUE TO (B) _____ DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>1 YR +</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>8/13/51</i>	19B. MAJOR FINDINGS OF OPERATION <i>GASTRIC CARCINOMA</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *AUGUST 1951* to *6/28*, 1952 that I last saw the deceased alive on *6/28*, 1952 and that death occurred at *7:30* m., from the causes and on the date stated above.

23. SIGNATURE <i>[Signature]</i>	23B. ADDRESS <i>3629 Edmondson Ave</i>	23C. DATE SIGNED <i>6/29/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>6-30-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Greek Cemetery</i>
24D. LOCATION (City, town, or county) (State) <i>Windsor Mill Rd.</i>		25. FUNERAL DIRECTOR <i>Lambros Funeral Home Inc.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 30 1952</i>		ADDRESS <i>440 E. North Ave.</i>

MEDICAL CERTIFICATION

460
52 6038

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6038
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Catherine S. Millar

2. DATE
OF
DEATH

June 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1719 St. Paul St.

Life Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1719 St. Paul Street

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

April 11, 1858

9. AGE (In years
last birthday)

94

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Alexander Hamilton Millar

14. MOTHER'S MAIDEN NAME

Patty Ayres Millar

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Fred C. Boyce, Jr Mercantile Trust Co

18. 334X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Pneumonia (Terminal)

INTERVAL BETWEEN
ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DUE TO

Cerebral Aneurysm (Cerebral)

3 mos.

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1952 to June 28, 1952, that I last saw the
deceased alive on June 28, 1952, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/30/52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 30 1952

H. W. Meason

801 N. Calvert St

VS 150

CERTIFICATE OF DEATH

REGISTERED CIVIL SERVICE

1912

1912

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

SIGNATURE OF REGISTRAR

SIGNATURE OF WITNESS

SIGNATURE OF DEATH

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6039
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Anna Clementine McWilliams</i>			2. DATE OF DEATH <i>6/29/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Univ. Hosp.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>2737 Guilford Ave</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE MARRIED. WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>67</i>		9. AGE (In years last birthday) <i>67</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>MD.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>Frank J. McWilliams</i>			14. MOTHER'S MAIDEN NAME <i>Mary Matthews</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. <i>153X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Correct of Transverse Colon.</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>5/29/50</i>		19B. MAJOR FINDINGS OF OPERATION <i>Mucosa carcinoma - Intoperforative</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>June 1, 1952</i> to <i>June 29, 1952</i> that I last saw the deceased alive on <i>June 29, 1952</i> , and that death occurred at <i>4:30</i> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS <i>Univ. Hosp.</i>		23C. DATE SIGNED <i>6/29/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>7/2/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Cathedral</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 30 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>W. Messel, 805 N. Calvert St.</i>	

MEDICAL CERTIFICATION

25

25

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1900

1. Name of deceased: *John Doe*
2. Sex: *Male*
3. Age: *45*
4. Date of birth: *Jan 15 1855*
5. Place of birth: *New York City*
6. Usual residence: *123 Main St, New York City*
7. Date of death: *Dec 10 1900*
8. Place of death: *Home*
9. Cause of death: *Heart Disease*
10. Nature of disease: *Coronary Artery Disease*
11. Duration of illness: *Several months*
12. Name of attending physician: *Dr. J. Smith*
13. Name of informant: *John Doe*
14. Signature of informant: *[Signature]*
15. Signature of physician: *[Signature]*

16. Name of registrar: *[Signature]*
17. Name of clerk: *[Signature]*
18. Name of auditor: *[Signature]*
19. Name of chief clerk: *[Signature]*
20. Name of assistant clerk: *[Signature]*
21. Name of stenographer: *[Signature]*
22. Name of messenger: *[Signature]*
23. Name of janitor: *[Signature]*
24. Name of porter: *[Signature]*
25. Name of watchman: *[Signature]*
26. Name of night watchman: *[Signature]*
27. Name of day watchman: *[Signature]*
28. Name of night watchman: *[Signature]*
29. Name of day watchman: *[Signature]*
30. Name of night watchman: *[Signature]*

52 6040

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6040

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Roy F. Cooper

2. DATE
OF
DEATH

6/27/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto. 9-09

D. STREET ADDRESS (If rural, give location)

1329 Holbrook St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Driver

10B. KIND OF BUSINESS OR
INDUSTRY

Truck

13. FATHER'S NAME

Clarence Cooper

TRUCKING

8. DATE OF BIRTH

5/19/1906

9. AGE (In years,
last birthday)

46

If Under 1 Year
Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)

Balto. Co.

12. CITIZEN OF
WHAT COUNTRY?15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Helen Cooper 1329 Holbrook St.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Endovascular brain -
Hypertension

5 years

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October 10, 1950, to Oct 20, 1951, that I last saw the
deceased alive on Oct 30, 1951, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Jal Thompson

M. D.

23B. ADDRESS

150 E. Baltimore

23C. DATE SIGNED

6/28/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6/30

24C. NAME OF CEMETERY OR CREMATORY

Pine Grove Cemetery, Baltimore County, Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

4th Co. Inc. 1217 St. Paul St.

JUN 30 1952

VS 150

68352

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

DATE OF DEATH: 1941

1941

1941



000
52 6041BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6041

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Danlene S Shaw</i>			2. DATE OF DEATH <i>June 27, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>17th St 3W</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>Baltimore</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 23-03</i>		
c. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>			D. STREET ADDRESS (If rural, give location) <i>1736 Clunkers St.</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>5-16-14</i>	9. AGE (in years last birthday) <i>8</i>	10. Under 1 Year Months: <i>0</i> Days: <i>0</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Nurse</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>School</i>		11. BIRTHPLACE (State or foreign country) <i>Balto Md.</i>	
13. FATHER'S NAME <i>Chas. E. Shaw</i>			14. MOTHER'S MAIDEN NAME <i>Madeline V. Hamel</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>000-00-0000</i>		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>260X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Acidosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Diabetes</i>		<i>4 years</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>6-27-52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from *6-27, 1952* to *6-27, 1952*, that I last saw the deceased alive on *6-27, 1952* and that death occurred at *8:05 PM*, from the causes and on the date stated above.

23A. SIGNATURE <i>David J. Spaney</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>6-28-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>7/1/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Edgar Hill</i>	
				24D. LOCATION (City, town, or county) (State) <i>A. A. S. Md.</i>	

DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 30 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Wm Bob Dec 3 227 St. Paul St.</i>	
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620
52 6042
CERTIFICATE CORRECTED 7-3-52BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6042
Registered No.

1. NAME OF DECEASED (Type or Print) MARGARET HARRIS			2. DATE OF DEATH June 27, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 818 Clintwood Court			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 818 Clintwood Court		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Apr. 18, 1885	9. AGE (in years last birthday) 67 (77)	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) Pa.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME William Black			14. MOTHER'S MAIDEN NAME Isabelle Read		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs Wm. Harris, 818 Clintwood Court		
18. 331X and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebro-vascular accident DUE TO Atherosclerosis DUE TO Diabetes mellitus			INTERVAL BETWEEN ONSET AND DEATH 6 hrs. ?		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 6/27 19 52 , to 6/27 19 52 , that I last saw the deceased alive on 6/27 19 52 , and that death occurred at 11 P. m., from the causes and on the date stated above.					
23. SIGNATURE Paul B. Blair		23B. ADDRESS 203 P. Dipsco		23C. DATE SIGNED 6/28/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/1/52	24C. NAME OF CEMETERY OR CREMATORY Holy Cross	24D. LOCATION (City, town, or county) (State) Anne Arundel Co., Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS Wm. Cook Inc. 1217 St. Paul St.	

457
6043BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH50-22486
50-22486
52 6043
Registered No.

BIRTH NO. 50-22486

1. NAME OF DECEASED (Type or Print) SANDRA K. WILLIAMS			2. DATE OF DEATH June 26, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital			C. CITY OR TOWN (If outside corporate limits, write "U.R.A." and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 677 W. Fayette Street			5. SEX Female		
6. COLOR OR RACE White			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME George Williams			14. MOTHER'S MAIDEN NAME Pauline Baerch		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Geo. Williams			ADDRESS 677 W. Fayette St.		

18. 344a DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hydrocephalus (A) Stroke		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Anemia (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William Updegraff		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED June 27, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 6/30/52	24C. NAME OF CEMETERY OR CREMATORY Prospect Hill	24D. LOCATION (City, town, or county) Towson Md	(State)
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1952		REGISTRAR'S SIGNATURE Huntington Williams FUNERAL DIRECTOR Wm. C. Mc. 1217 St. Paul St ADDRESS		

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255
52 6044

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6044
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Mary J. Buschmann	
2. DATE OF DEATH June 27, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1671 Cliftview Ave.	
6. STREET ADDRESS (If rural, give location) 1671 Cliftview Ave.	
7. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
8. SEX Female	
9. COLOR OR RACE White	
10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	
11. DATE OF BIRTH Aug. 16, 1880	
12. AGE (In years last birthday) 71	
13. H Under 1 Year Months: Days	
14. H Under 24 Hours Hours: Min.	
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dressmaker, retired	
16. KIND OF BUSINESS OR INDUSTRY Ladies wear	
17. BIRTHPLACE (State or foreign country) Baltimore, Md.	
18. CITIZEN OF WHAT COUNTRY?	
19. FATHER'S NAME John D. Buschmann	
20. MOTHER'S MAIDEN NAME Mary Yugo	
21. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	
22. SOCIAL SECURITY NO. 212-01-2188	
23. INFORMANT ADDRESS Mrs Harold McAllister, 3209 Beverly Road	
24. CAUSE OF DEATH Septicemia - Bacteriemia - Vascular disease	
25. INTERVAL BETWEEN ONSET AND DEATH 3 y	
26. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)	
27. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
28. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
29. DATE OF OPERATION 0	
30. MAJOR FINDINGS OF OPERATION	
31. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
32. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
33. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
34. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
35. TIME (Month) (Day) (Year) (Hour) OF INJURY	
36. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
37. HOW DID INJURY OCCUR?	
38. I hereby certify that I attended the deceased from 1940 , 19 52 , to Jun 27 , 19 52 , that I last saw the deceased alive on Jun 27 , 19 52 , and that death occurred at 9 P m., from the causes and on the date stated above.	
39. SIGNATURE Irish & Shung	
40. ADDRESS 2700 Harford Rd	
41. DATE SIGNED Jun 28, 52	
42. BURIAL, CREMATION, REMOVAL (Specify) Burial	
43. DATE 7/1/52	
44. NAME OF CEMETERY OR CREMATORY Baltimore	
45. LOCATION (City, town, or county) (State) Baltimore, Md.	
46. DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1952	
47. REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
48. FUNERAL DIRECTOR Wm Cook, Inc.	
49. ADDRESS 1217 St Paul St, Balt.	
VS 150	

MEDICAL CERTIFICATION

690 40 11

NO. 8

DEPARTMENT OF HEALTH

1914

CERTIFICATE OF DEATH

Name of Deceased		Age		Sex		Race		Color		Religion		Marital Status		Occupation		Cause of Death		Date of Death		Place of Death		Signature of Physician		Signature of Registrar		Signature of Coroner	

-460
52 6045BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6045
Registered No.

1. NAME OF DECEASED (Type or Print) KATIE MAY MILLER		2. DATE OF DEATH June 28, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1900 West Baltimore St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days 1900 West Baltimore St.		D. STREET ADDRESS (If rural, give location)	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 1, 1875
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) File clerk, retired		10B. KIND OF BUSINESS OR INDUSTRY Md. Casualty Co.	9. AGE (in years last birthday) 76
13. FATHER'S NAME John T. Miller		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? U. S.	
16. SOCIAL SECURITY NO. 212-10-3105		14. MOTHER'S MAIDEN NAME Emma F. Miller	
18. 422.1 and 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) myocarditis DUE TO		17. INFORMANT ADDRESS Mrs Elmer H. Miller, 4420 Marble Hall Road.	
19. none DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Diabetes mellitus DUE TO		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) none	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 2, 1943 , to June 28, 1952 , that I last saw the deceased alive on June 28, 1952 and that death occurred at 1:15 P. M. , from the causes and on the date stated above.			
23A. SIGNATURE Frank H. Gorden		23B. ADDRESS 2701 N. Calvert St	
23C. DATE SIGNED June 30, 52		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE July 1, 1952		24C. NAME OF CEMETERY OR CREMATORY Green Mount	
24D. LOCATION (City, town, or county) Baltimore, Md.		25. FUNERAL DIRECTOR Wm. C. Cochrane	
DATE RECEIVED BY REGISTRAR'S SIGNATURE Huntington Williams, M.D.		ADDRESS 1219 St Paul St	

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CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

1900

1900

DATE OF DEATH

PLACE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

PLACE OF BIRTH

AGE

NAME OF DECEASED

SEX

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

PLACE OF BIRTH

AGE

NAME OF DECEASED

SEX

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

TIME OF DEATH

CAUSE OF DEATH

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6046**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Emmett Hand			2. DATE OF DEATH 6-29-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION United States Public Health Service Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 828 South Bond St.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) wid	8. DATE OF BIRTH Oct 5 1883		9. AGE (In years last birthday) 68
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10B. KIND OF BUSINESS OR INDUSTRY Yct. Adm.	11. BIRTHPLACE (State or foreign country) Tennessee		12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Samuel P Hand			14. MOTHER'S MAIDEN NAME Lucinda Dankuss		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) yes		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT ADDRESS		

18. **331X** I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Cerebrovascular accident, unknown (Pt.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) 6 26 1952		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **6-27**, 1952, to **6-29**, 1952, that I last saw the deceased alive on **6-29**, 1952, and that death occurred at **12³⁰ A. m.**, from the causes and on the date stated above.

23A. SIGNATURE Samuel P Hand		23B. ADDRESS USPHS Hosp. Balto		23C. DATE SIGNED 6-29-1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 6/30/52		24C. NAME OF CEMETERY OR CREMATORY Newton	
		24D. LOCATION (City, town, or county) Kansas			

DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR William Cook, Inc Balto.	ADDRESS
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360
52 6047BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6047

Registered No.

1. NAME OF DECEASED (Type or Print) <i>William J. Nutter</i>		2. DATE OF DEATH <i>June 30, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Ba. Hts.</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>705 Ashburton St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>16-06</i>	
C. Length of stay in Baltimore <i>life</i>		D. STREET ADDRESS (If rural, give location) <i>705 Ashburton St.</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Feb. 9, 1869</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Oyster man</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Self</i>	9. AGE (In years last birthday) <i>83</i>
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>John Nutter</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>NO</i>		16. SOCIAL SECURITY NO. <i>NO</i>	
17. INFORMANT <i>Mrs. Hines Nutter - 705 Ashburton St.</i>		ADDRESS	
18. CAUSE OF DEATH <i>422.1 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>(A) arteriosclerotic hypertension ?</i> DUE TO <i>(B) Generalized arteriosclerosis ?</i> DUE TO <i>advanced age.</i> (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>June 1950</i> , to <i>June 30, 1952</i> , that I last saw the deceased alive on <i>June 29, 1952</i> , and that death occurred at <i>3:30 A.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Walter B. Schriber</i> M.D.		23B. ADDRESS <i>578 Fulton St.</i>	
23C. DATE SIGNED <i>6-30-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>July 3rd, 1952</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Louisa Park</i>		24D. LOCATION (City, town, or county) (State) <i>Ba. Hts. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>June 30, 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>John T. Stanbury</i>		ADDRESS <i>2700 Edmondson Ave.</i>	

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6048

KAREN ROSE MERRITT 52-07508

BALTIMORE CITY HEALTH DEPARTMENT

52 6048

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 52-07508

1. NAME OF DECEASED
(Type or Print)

Karen Rose Merritt

2. DATE
OF
DEATH

June 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF

HOSPITAL OR
INSTITUTION

Doctors Hospital

C. Length of stay in Baltimore

3 months

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

2106 Willow Spring Rd Balto.

B. COUNTY

C. CITY OR TOWN

Baltimore Md. Dundalk

D. STREET ADDRESS (If rural, give location)

2106 Willow Spring Rd

8. DATE OF BIRTH

4-1-52

9. AGE (In years

last birthday)

27

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto - Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Donald Merritt

14. MOTHER'S MAIDEN NAME

Shirley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Donald Merritt - same

ADDRESS

18. 780.2

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Convulsions
Etiology undetermined

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 26, 1952, to June 27, 1952, that I last saw the
deceased alive on June 27, 1952, and that death occurred at 5:20 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. George L. Lerner M. D.

23B. ADDRESS

Doctors Hospital

23C. DATE SIGNED

6-27-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 30 1952

Huntington, Wallis, M. D. Lilly & Zeehn

403 S

VS 150

nolyt

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

John Doe

John Doe

Age 45

2100 N. Main Street
St. Louis, Mo.

White - Male

Caused Death -

John Doe -
Age 45 -
2100 N. Main Street
St. Louis, Mo.

252

52 6049

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6049

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bernard T. Rosensteel

2. DATE
OF
DEATH

June 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE 5010 Beaufort Ave.,

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

5010 Beaufort Ave.,

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Dec. 16, 1873

9. AGE (In years, last birthday)

78

10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Plasterer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pa.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Frank Rosensteel

14. MOTHER'S MAIDEN NAME

Maria Weaver

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
216-01-0401

17. INFORMANT ADDRESS

Mrs. Annie E. Rosensteel 5010 Beaufort

18. 331X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Generalized Arterio-Sclerotic

DUE TO

about 2 years

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arterio-Sclerotic Heart Disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1952 to 6/27, 1952, that I last saw the deceased alive on 6/27, 1952, and that death occurred at 8:30 p.m. from the causes and on the date stated above.

23A. SIGNATURE

Julius C. Blumh

M. O.

23B. ADDRESS

5350 Resisterstown Rd 6/28/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7-1-1952

24C. NAME OF CEMETERY OR CREMATORY

Evergreen Cemetery

24D. LOCATION (City, town, or county)

Gettysburg

(State)

Pa.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

H. J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.,

Dr Julius C. Gluck

5356 Reisterstown Rd. Li. 4

530
52 6050BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6050
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LILLIAN V. SMITH

2. DATE
OF
DEATH

June 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

ST. JOSEPH'S HOSP

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Balto.

(If outside corporate limits, write R.R.A. and give township)

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2705 Westfield Ave

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

7/8/23

9. AGE (In years
last birthday)

28

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Sales clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Dept. Store

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Mehner

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Louis E. Smith 1920 Ramsay St.

ADDRESS

CAUSE OF DEATH

18. F 970.2

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Barbiturate poisoning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

2705 Westfield Avenue

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Found 6-28-52

21E. INJURY OCCURRED

A. at

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Self ingestion of barbiturate

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dureacher M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☐

23C. DATE SIGNED

June 29, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7/1/52

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Balto. City

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

H. J. L. Funeral Home

ADDRESS

7401 Belair Rd.

VS 151

N 97110

3906C

0500

82

RECEIVED BY THE DEPARTMENT OF HEALTH

11200

82

RECEIVED BY THE DEPARTMENT OF HEALTH

546
52 6051

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6051
Registered No.

1. NAME OF DECEASED (Type or Print) Theodore J. Howmiller		2. DATE OF DEATH June 28, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION 4120 Morrison Court		C. CITY OR TOWN (If outside corporate limits, write R.U.R. and give township) Balto. City 25-05	
6. Length of stay in Baltimore 8 yrs.		D. STREET ADDRESS (If rural, give location) 4120 Morrison Court	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 8, 1872
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner		10B. KIND OF BUSINESS OR INDUSTRY Coal Industry	9. AGE (In years last birthday) 80
13. FATHER'S NAME Nicholas Howmiller		11. BIRTHPLACE (State or foreign country) Ohio	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME ?	
17. INFORMANT Leo T. Howmiller		ADDRESS 4120 Morrison Court	

1B. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anterior chronic C.V. disease		INTERVAL BETWEEN ONSET AND DEATH years
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 26, 1952, to June 28, 1952, that I last saw the deceased alive on June 27, 1952, and that death occurred at 7 P. m., from the causes and on the date stated above.					
23A. SIGNATURE L. J. St. John		23B. ADDRESS M. D. 4700 Lanning Ave.		23C. DATE SIGNED 6/29/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE July 2, 1952		24C. NAME OF CEMETERY OR CREMATORY Cedar Hill	
24D. LOCATION (City, town, or county) A. A. Co. Md.		(State)			
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Flynn & Fleming I426 Light St.	

MEDICAL CERTIFICATION

632
52 6052

51-30417

52 6052

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. 51-30417

1. NAME OF DECEASED (Type or Print) <i>Keith Augustus Shorts</i>		2. DATE OF DEATH <i>27 June 52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>3205 Fairfield Rd</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 5-06</i>	
c. Length of stay in Baltimore <i>6</i> <small>Yrs. Mos. Days</small>		D. STREET ADDRESS (If rural, give location) <i>3205 Fairfield Rd</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>19 Dec 52</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>6</i> <small>If Under 1 Year Months: Days</small>
13. FATHER'S NAME <i>Arthur Shorts</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		14. MOTHER'S MAIDEN NAME <i>Evelyn Pritchard</i>	
17. INFORMANT <i>Evelyn Shorts</i>		ADDRESS <i>3205 Fairfield Rd</i>	

18. <i>571.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Infectious diarrhea</i>	CAUSE OF DEATH <i>Infectious diarrhea</i>	INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *26 June, 1952*, to *27 June, 1952*, that I last saw the deceased alive on *27 June, 1952*, and that death occurred at *11 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE *Perold B. H. H. H.* M. D.

23B. ADDRESS *501 Cherry Hill Road*

23C. DATE SIGNED *27 June 52*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>June 30 52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Int Calvary</i>	24D. LOCATION (City, town, or county) (State) <i>A A. Co Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 30 1952</i>		25. FUNERAL DIRECTOR <i>Isaac L. Brown Son</i>	

VS 150

100 W Montg omery St

MEDICAL CERTIFICATION

THE
CONIO
EDC
1950



CL-13768

520
52 6054BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6054

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LUEZ BANKS

2. DATE
OF
DEATH

6-27-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION1639 W. La Fayette Ave
30

C. Length of stay in Baltimore

30

5. SEX

FE

6. COLOR OR RACE

NEGRO

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

4-12-1902

9. AGE (In years
last birthday)

50

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

VA.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

RICHARD BROOKS

14. MOTHER'S MAIDEN NAME

LEE ANNA LEE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, an or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

EULA BANKS 1639 W. La Fayette

18. 722.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

BRONCHO PNEUMONIA

DUE TO

(B)

ATROPHIC ARTHRITIS

DUE TO

(C)

HANS STUMPFF'S DISEASE

INTERVAL BETWEEN
ONSET AND DEATH

10 DAYS

15 YRS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-7, 1951, to 6-27, 1952, that I last saw the
deceased alive on 6-27, 1952, and that death occurred at 9:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

6051

EXHIBIT A OF DEPT.

100

100

100

100

100

100

100

100

100

100

100

100

100

100

625
52 6055

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6055
Registered No.

1. NAME OF DECEASED (Type or Print) EMM A. C. JURGENS.			2. DATE OF DEATH June 29, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MARYLAND. b. COUNTY BALTIMORE		
b. FULL NAME OF HOSPITAL OR INSTITUTION 4010 NORTHERN PARKWAY.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore LIFE			d. STREET ADDRESS (If rural, give location) 4010 NORTHERN PARKWAY.		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED.	8. DATE OF BIRTH JULY 22 1868	9. AGE (In years last birthday) 83	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK			10b. KIND OF BUSINESS OR INDUSTRY AT HOME.		
11. BIRTHPLACE (State or foreign country) BALTIMORE MD			12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME GEORGE WEBER.			14. MOTHER'S MAIDEN NAME MARGARET WIEGNER		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. NONE		
17. INFORMANT HENRY A. JURGENS			ADDRESS 4010 NORTHERN PKY.		

18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) Cerebral Hemorrhage DUE TO	1 day
(B) Cardio-Vascular Hypertensive Disease DUE TO	10 years.
(C) Arteriosclerosis DUE TO	10 years.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19a. DATE OF OPERATION 0	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **January**, 1950 to **June 29**, 1952, that I last saw the deceased alive on **June 28**, 1952, and that death occurred at **11 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE Michael J. Dausch M. D.	23b. ADDRESS 4636 Belair Rd	23c. DATE SIGNED 6-29-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JULY 1 1952	24c. NAME OF CEMETERY OR CREMATORY LOUDON PARK CEM.	24d. LOCATION (City, town, or county) (State) FREDERICK RD MD.
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Doppel Bros.	ADDRESS 7110 BELAIR RD.

53 Med Exam Case Released
52 6056

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6056
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Katie Mc Intyre		2. DATE OF DEATH June 27, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland Acc. Room		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Johns Hopkins Hospital		c. CITY OR TOWN. (If outside corporate limits, write FULLAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 1028 Sterling St.	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 7-7-1887
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 65
11. BIRTHPLACE (State or foreign country) N.C.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME David Still		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	

18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinomatosis	CAUSE OF DEATH Carcinomatosis	INTERVAL BETWEEN ONSET AND DEATH 4 yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma of right Breast	(B) Carcinoma of right Breast	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 11-21-49		19B. MAJOR FINDINGS OF OPERATION Ca. of Rt. Breast with rt. Axillary Met.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12:40 AM 19 52 to 12:40 AM 19 52 , that I last saw the deceased alive on 12-21-52 , and that death occurred at 12:40 AM m., from the causes and on the date stated above.					
23A. SIGNATURE Edward M. Lane		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 6-27-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 6/30/52		24C. NAME OF CEMETERY OR CREMATORY Wilmington North Carolina	
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Adolphus Halstead 908 Druid Hill ave.	

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

856

[Faint, mostly illegible text from a death certificate form, including fields for name, date, and cause of death.]



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 6057
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENDERSON

SCOTT

2. DATE OF DEATH **June 27, 1952**

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write "U.S.A." and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1014 E. Monument Street

Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Labour

10B. KIND OF BUSINESS OR INDUSTRY

Construction

11. BIRTHPLACE (State of foreign country)

Appomattox, Va

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Scott

14. MOTHER'S MAIDEN NAME

Maggie Perdestine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Wickley Scott 311 E. Lombard

18. **581.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Fatty Liver**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **partial autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley A. Dureacher

M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

6/28/52

24A. BURIAL, CREMA- TION, REMOVAL (Specify)

Burial

24B. DATE

DATE RECEIVED BY LOCAL REGISTRAR

JUN 30 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

24C. NAME OF CEMETERY OR CREMATORY

Appomattox

24D. LOCATION (City, town, or county)

Virginia

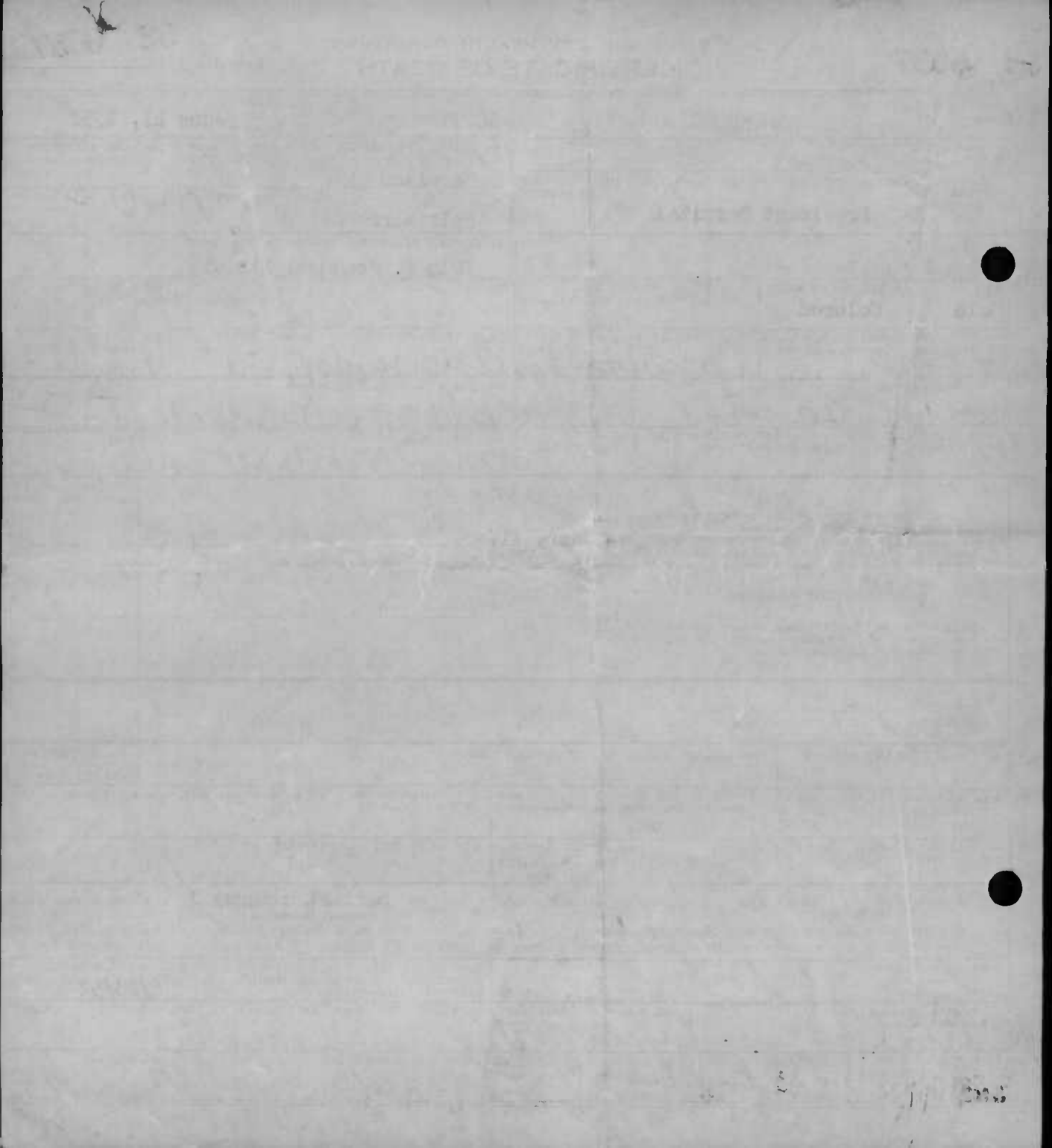
(State)

25. FUNERAL DIRECTOR

Adolphus Halstead 918

ADDRESS

Drum Hill Ave.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 6058

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MAISIE JOHNSON		2. DATE OF DEATH June 24, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY	
b. FULL NAME OF (If not in hospital or institution, give street address or location) Provident Hospital		c. CITY OR TOWN (If outside corporate limits, write FULL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		d. STREET ADDRESS (If rural, give location) 1341 N. Carey Street	
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	
11. BIRTHPLACE (State or foreign country) Calvert Co. md		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME William Hackett		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Samuel Parker		ADDRESS 1341 Carey	

18. 570.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Internal obstruction (A) postoperative adhesions DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE William Hackett		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED June 24, 1952	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/30/52		24c. NAME OF CEMETERY OR CREMATORY Mt Calvary		24d. LOCATION (City, town, or county) (State) Cedar Hill md	
DATE RECEIVED BY LOCAL HEALTH DEPARTMENT JUN 30 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Adolphus Holstead		ADDRESS Orion Hill ave	

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6059
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Jacob Wilson</i>		2. DATE OF DEATH <i>June 28-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MD</i> COUNTY <i>Farmington</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>666 W. Farmington Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i> <i>4-02</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>666 W Farmington ave</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>52</i>		9. AGE (In years, last birthday) <i>52</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Track Worker</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>B.O.R.R</i>		11. BIRTHPLACE (State or foreign country) <i>South Carolina U.S.A</i>	
13. FATHER'S NAME <i>?</i>		14. MOTHER'S MAIDEN NAME <i>?</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>U. S.</i>		16. SOCIAL SECURITY NO. <i>U. S.</i>		17. INFORMANT <i>Mrs. Hattie Wilson</i>	
18. <i>002X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Pulmonary Tuberculosis</i>		CAUSE OF DEATH <i>Pulmonary Tuberculosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>?</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>May 26, 52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Med 9th Bg 6-28-52</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY <i>June 27, 52</i>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>May 26, 52</i> to <i>June 28, 52</i> , that I last saw the deceased alive on <i>June 27, 52</i> , and that death occurred at <i>4:30 PM</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>R. Johnson</i>		23B. ADDRESS <i>403 Med 9th Bg 6-28-52</i>		23C. DATE SIGNED <i>June 28, 52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>7/3/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>W. Auburn</i>	
24D. LOCATION (City, town, or county) (State) <i>Westport Md.</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, Md.</i>		ADDRESS <i>Adolphus Salistead 98 Duval Hill ave</i>	

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RECEIVED

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23 6060

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6060
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Scott

2. DATE
OF
DEATH

6/29/52

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Square Hosp.

c. Length of stay in Baltimore

81

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
a. STATE b. COUNTY before admission)

Md.

Baltimore

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

d. STREET ADDRESS (If rural, give location)

630 Orpington Rd.

5300

8. DATE OF BIRTH

11/1/1871

9. AGE (In years
last birthday)

81

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10b. KIND OF BUSINESS OR
INDUSTRY

at home

13. FATHER'S NAME

Henry Schroeder

14. MOTHER'S MAIDEN NAME

Mary Reese

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

Mrs. Harold D. Smith - 630 Orpington Rd.

ADDRESS

18. 420.0 and E903.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

Cardiac decompensation

24 hrs.

ANTECEDENT CAUSES

Myocardial failure

?

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

Arteriosclerotic heart disease

?

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Fracture neck of femur

21 days

19a. DATE OF OPERATION

6/25/52

19b. MAJOR FINDINGS OF OPERATION

fracture neck of femur - intracapsular

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

home

21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

630 Orpington Rd.

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

6/13/52 1P m.

21e. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☒
WORK AT WORK

21f. HOW DID INJURY OCCUR?

Fall to floor

22. I hereby certify that I attended the deceased from 6/13, 1952, to 6/29, 1952, that I last saw the
deceased alive on 6/29, 1952, and that death occurred at 1230 p.m., from the causes and on the date stated above.

23a. SIGNATURE

Robert G. Chambers

M. D.

23b. ADDRESS

Franklin Square Hosp.

23c. DATE SIGNED

6/29/52

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

7/2/52

24c. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24d. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 30 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

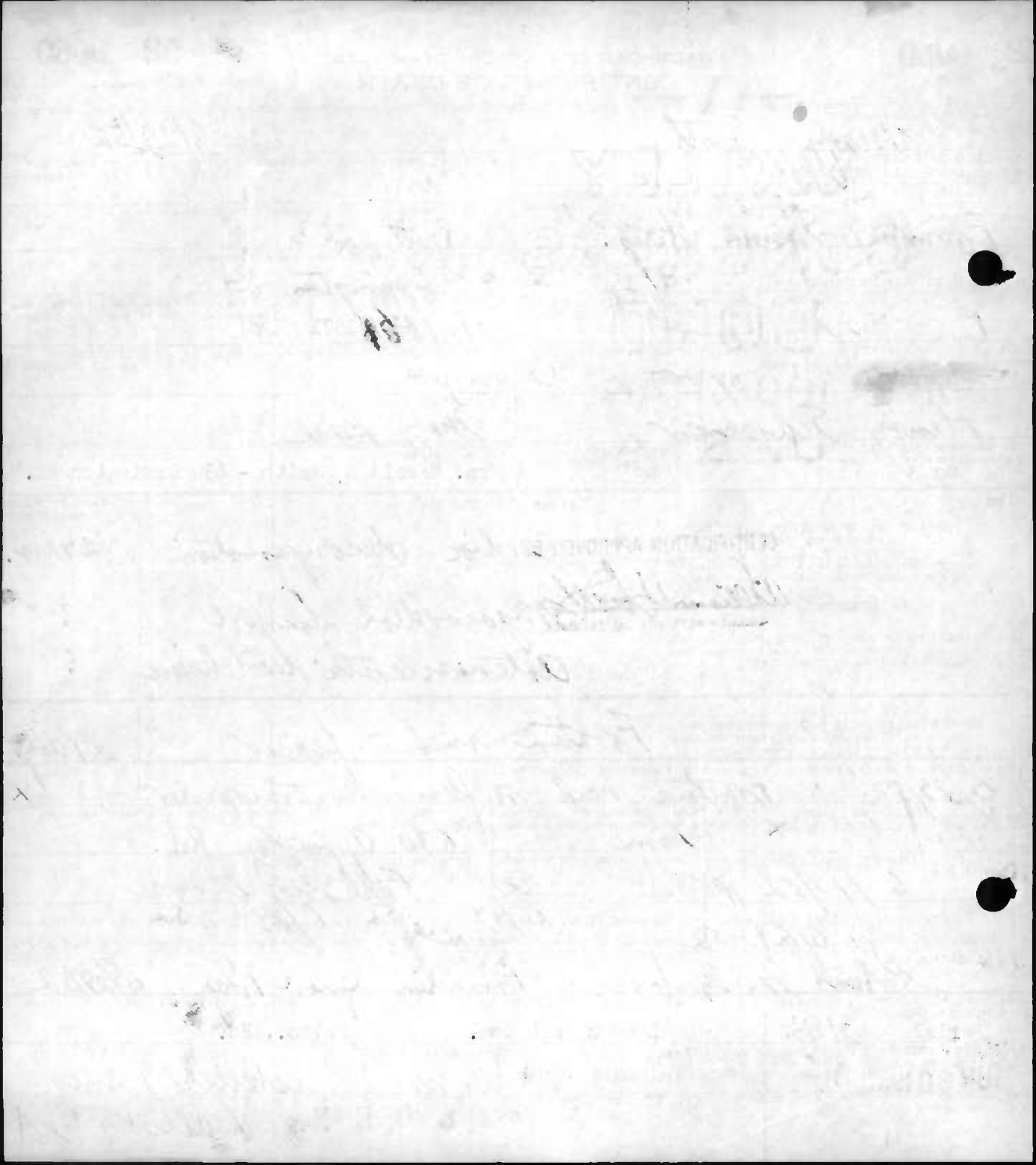
Wm. J. Tichener & Sons

ADDRESS

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1952 6060 57 Balto 17, Md.



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 6061
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MARIE F. PEGRAM		2. DATE OF DEATH June 29, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 2601 Roslyn Ave.		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 2108 N. Longwood St.		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Aug. 22, 1880
9. AGE (In years last birthday) 71		10. UNDER 1 Year Months _____ Days _____	11. UNDER 24 Hours Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman (rtd)		10B. KIND OF BUSINESS OR INDUSTRY - ?	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME Charles Frohwitter		14. MOTHER'S MAIDEN NAME Mary Elizabeth Walker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Mrs. Virginia MacCubbin-2653 Purnell Dr.		ADDRESS _____	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardio Vascular disease		INTERVAL BETWEEN ONSET AND DEATH 1951 Sept. 1
(A) DUE TO hypertension		
(B) DUE TO arterio sclerosis		
C) _____		?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		?

19A. DATE OF OPERATION 7/1/52		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from **Sept. 1, 1951** to **June 29, 1952** that I last saw the deceased alive on **June 29, 1952**, and that death occurred at **10 a. m.**, from the causes and on the date stated above.

23A. SIGNATURE *James D. Wickham* M. O. **2220 Garrison Blvd.** 23B. ADDRESS **2220 Garrison Blvd.** 23C. DATE SIGNED **June 30, 52**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/1/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.	
--	--	----------------------------	--	---	--	---	--

DATE RECEIVED BY LOCAL REGISTRAR **JUN 30 1952** REGISTRAR'S SIGNATURE *Huntington Williams, MD.* 25. FUNERAL DIRECTOR *Wm. J. Tiekner & Sons* ADDRESS **Balto 17, Md.**

VS 150
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MEDICAL CERTIFICATION

1210

RECEIVED BY THE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

1211

Name of Deceased		Sex		Age		Date of Birth		Place of Birth		Usual Residence		Cause of Death		Date of Death		Time of Death		Place of Death		Signature of Physician		Signature of Registrar	
				</																			

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6062**

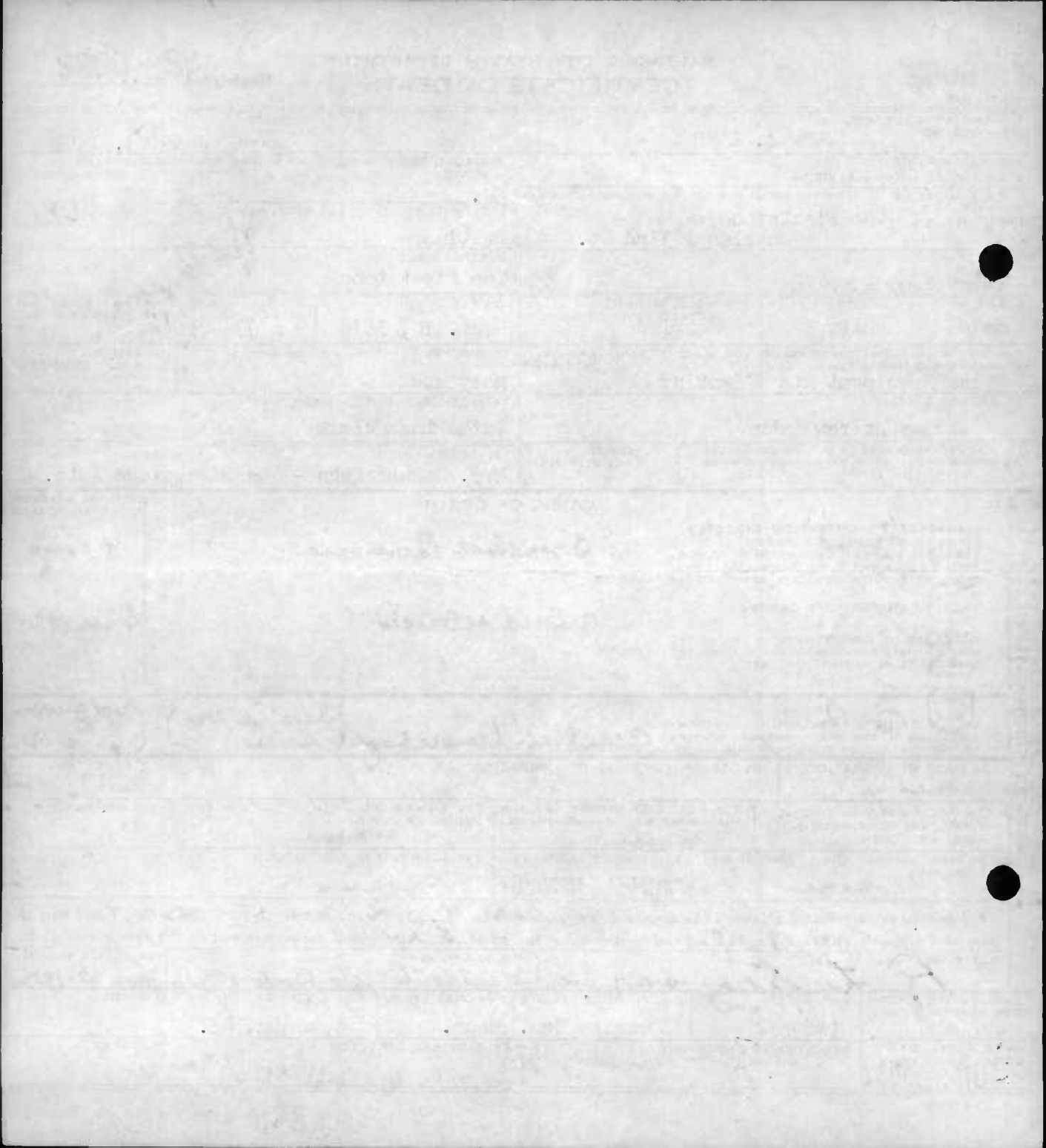
BIRTH NO.		1. NAME OF DECEASED (Type or Print) JOHN A. LUHN		2. DATE OF DEATH June 28, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) The Blackstone Charles & 33rd St.		C. CITY OR TOWN (If outside corporate limits, write "RURAL" and give township) Baltimore			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) The Blackstone			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Sept. 10, 1878	9. AGE (In years last birthday) 73	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice President Rtd		10B. KIND OF BUSINESS OR INDUSTRY Banking		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Charles Andrew Luhn		14. MOTHER'S MAIDEN NAME Catherine McLain	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Hannah Luhn - The Blackstone Apts.	
18. 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <u>Bronchial Pneumonia</u> DUE TO (B) <u>arterio sclerosis</u> DUE TO (C) _____		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH 4 days Since 1930	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cerebral Hemorrhage (Insulin cr)		Sept 9-1946 to June 28-1952	
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) none	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY none		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK none		21F. HOW DID INJURY OCCUR? none	
22. I hereby certify that I attended the deceased from Sept 9, 1946 to June 28, 1952 , that I last saw the deceased alive on June 27, 1952 , and that death occurred at 5 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE H. L. [Signature]		23B. ADDRESS Westmore Apts. Bldg. 1 Md.		23C. DATE SIGNED June 28-1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6/20/52		24C. NAME OF CEMETERY OR CREMATORY Lorraine Cem. Maus.	
24D. LOCATION (City, town, & county) (State) Woodlawn, Md.		24E. FUNERAL DIRECTOR William J. [Signature]			
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1952		REGISTRAR'S SIGNATURE William J. [Signature]			

VS 150

29071

Balto 17, Md.

MEDICAL CERTIFICATION



400
2 6063BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6063

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. Frank Weil

2. DATE
OF
DEATH

6/27/1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Yes

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR Bon Secours Hospital location)
INSTITUTION

2025 W. Fayette St, Balto-23

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

1444 Towson St, Balto-30-Md.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

7/8/1888

9. AGE (In years
last birthday)

63

If Under 1 Year If Under 24 Hours
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cooper

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Roumania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Ignatz Weil

COOPERAGE

14. MOTHER'S MAIDEN NAME

Magdalen Anselm

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

216-01-4329

17. INFORMANT

Henry Weil

ADDRESS

1444 Towson St

18. 578X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Generalized Peritonitis.

DUE TO Sub-Hepatic Abscess,

(B) Poss. Embolism.

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

6-9-52

19B. MAJOR FINDINGS OF OPERATION

Perforated Colon; Peritonitis

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in of
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, 1952, to June 27, 1952, that I last saw the
deceased alive on June 27, 1952, and that death occurred at 8:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

H. Mendez

M. D.

23B. ADDRESS

2025 W. Fayette

23C. DATE SIGNED

6-27-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

6/30/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county)

Balto., Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 30 1952

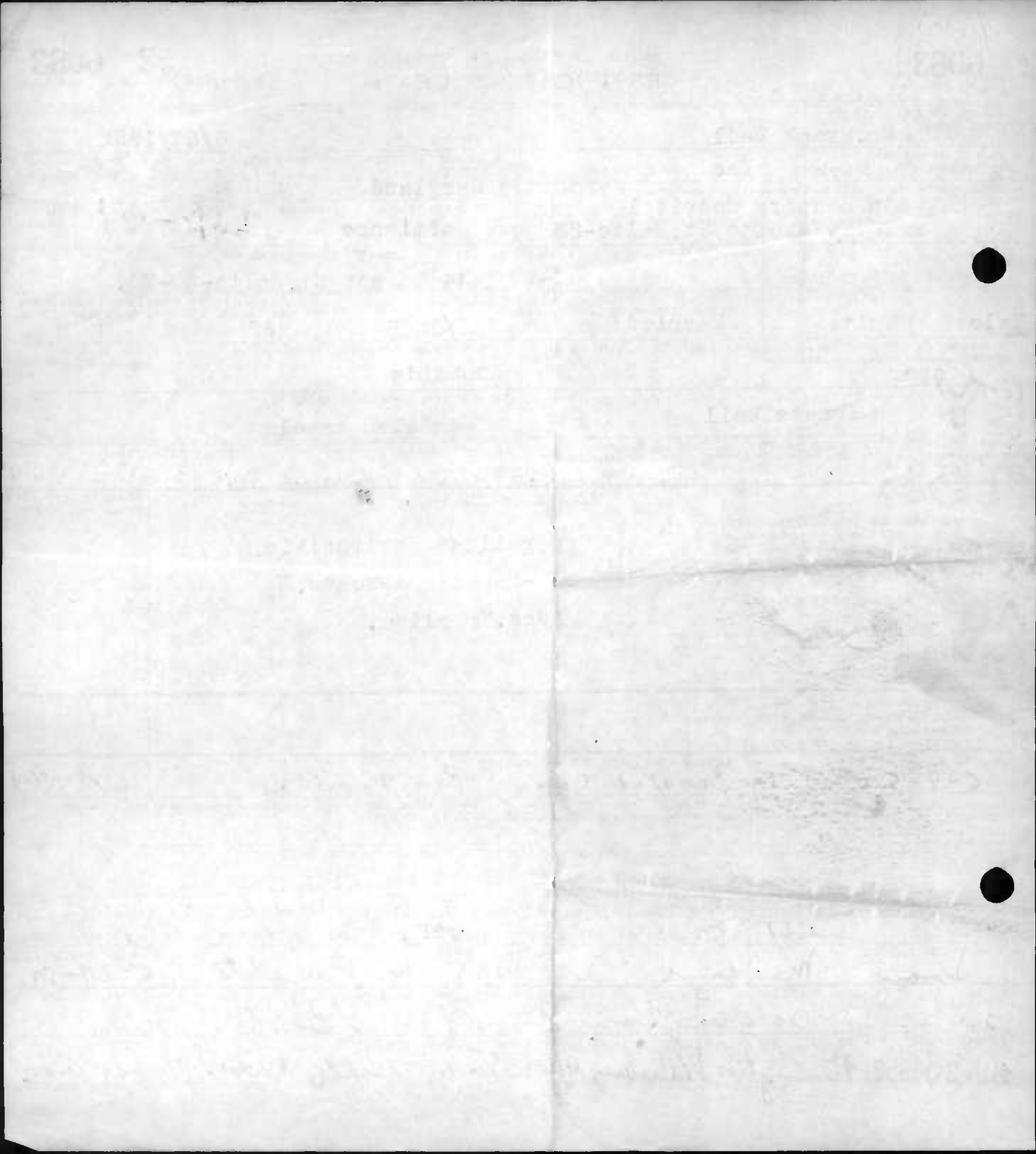
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Chas. F. Dille, 1501 N. Fort Ave

ADDRESS



626
52 6064

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6064
Registered No.

1. NAME OF DECEASED (Type or Print) Julia Archer			2. DATE OF DEATH June 27, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2107 Walbrook Avenue			C. CITY OR TOWN (If outside corporate limits, with R.U.A. and give township) Baltimore		
C. Length of stay in Baltimore 7 Yrs. Mes. Days			D. STREET ADDRESS (If rural, give location) 2107 Walbrook Avenue		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 20, 1859		9. AGE (in years last birthday) 92
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Fredericksburg, Va.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME George Williams			14. MOTHER'S MAIDEN NAME Amie Redmond		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS Henrietta Johnson - 2107 walbrook		
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anterior infarct Heart Disease DUE TO 6 mos			CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-1-1952 to 6-27-1952 , that I last saw the deceased alive on 6-27-1952 and that death occurred at 8:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Stanford D. Zimmers		23B. ADDRESS 2309 Lind Hill		23C. DATE SIGNED 6-28-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/1/52	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS Arlington S. Phillips - 1808 N. Monroe Street	

100

100

460
52 6065BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6065
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Michael F. Gollae Jr.		6.27.52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		113 MARSHALL ST.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD.	
B. FULL NAME OF HOSPITAL OR INSTITUTION		(If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 23-03	
c. Length of stay in Baltimore		Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 113 MARSHALL ST.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M.	8. DATE OF BIRTH 10.15.91	9. AGE (In years last birthday) 60	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10B. KIND OF BUSINESS OR INDUSTRY Kobach Co.		11. BIRTHPLACE (State or foreign country) BALTIMORE	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Michael		14. MOTHER'S MAIDEN NAME ANNA	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Family - SAME	
18. 502.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		Chronic Endocarditis		2 m.	
ANTECEDENT CAUSES		(B) DUE TO		Chronic Bronchitis	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CAUSE LAST.		(C) DUE TO		6 mrs.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 20, 1952, to 6/27, 1952, that I last saw the deceased alive on 7/1, 1952, and that death occurred at 7P m., from the causes and on the date stated above.					
23A. SIGNATURE J. S. Meade MD		23B. ADDRESS M. D. 1379 Williams St.		23C. DATE, SIGNED 6/30/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 7.1.52		24C. NAME OF CEMETERY OR CREMATORY Holy Cross	
24D. LOCATION (City, town, or county) (State) BALTIMORE		24E. FUNERAL DIRECTOR Huntington Williams, MD		24F. ADDRESS 501 84 6 138 67 Ford Ave.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1952		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	

422
52 6066

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6066
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Peter M. ILASZE WICH</i>		2. DATE OF DEATH <i>June 27 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>4410 Prudence St.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>25-04</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>BALTO.</i>	
C. Length of stay in Baltimore <i>48 yrs</i>		D. STREET ADDRESS (If rural, give location) <i>4410 PRUDENCE ST</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>June 15 1875</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>labor</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>B-O Railroad</i>	9. AGE (In years last birthday) <i>77</i>
13. FATHER'S NAME <i>Thom. MILASZE WICH</i>		11. BIRTHPLACE (State or foreign country) <i>Lith.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? <i>?</i>	
16. SOCIAL SECURITY NO. <i>—</i>		14. MOTHER'S MAIDEN NAME <i>ANNA LUNSKI'S</i>	
17. INFORMANT <i>ANNA</i>		ADDRESS <i>4410 Prudence St</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Heart Disease 3 weeks</i>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerosis 1 year</i>		(B) <i>1 year</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Semility 1 year</i>		(C) <i>1 year</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Dec 1951</i> to <i>June 27, 1952</i> that I last saw the deceased alive on <i>6-27</i> , 19 <i>52</i> and that death occurred at <i>7P</i> m., from the causes and on the date stated above.			
23A. SIGNATURE <i>Isaac Miller M.D.</i>		23B. ADDRESS <i>1228 S. Charles ST</i>	
23C. DATE SIGNED <i>6/27/52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>July 1-1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Cross Cem</i>	24D. LOCATION (City, town, or county) (State) <i>Anne Arundel County MD</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 30 1952</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>	
VS 150		ADDRESS <i>Joseph W. ASHINS/AS INC 430 Homeland</i>	

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH, NEW YORK CITY

1918

1918

1. Name of deceased: _____

2. Sex: _____

3. Age: _____

4. Date of death: _____

5. Place of death: _____

6. Cause of death: _____

7. Signature of attending physician: _____

8. Signature of registrar: _____

9. Signature of informant: _____

10. Signature of medical examiner: _____

11. Signature of coroner: _____

12. Signature of jury: _____

13. Signature of jury: _____

14. Signature of jury: _____

15. Signature of jury: _____

16. Signature of jury: _____

17. Signature of jury: _____

18. Signature of jury: _____

19. Signature of jury: _____

20. Signature of jury: _____

21. Signature of jury: _____

22. Signature of jury: _____

23. Signature of jury: _____

24. Signature of jury: _____

25. Signature of jury: _____

26. Signature of jury: _____

27. Signature of jury: _____

28. Signature of jury: _____

29. Signature of jury: _____

30. Signature of jury: _____

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 6067

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Veronica (Koros) Mendelus			2. DATE OF DEATH 6-26-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 1-04		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 807 Soth. Glover Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 807 South Glover Street		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 8-25-1889		9. AGE (in years last birthday) 63
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Jan Dziewiecki			14. MOTHER'S MAIDEN NAME Mary Wisniewska		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Jan Mendelus 807 S. Glover St.		

18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH Carcinoma of Breast (A) DUE TO Metastatic Ovarian Carcinoma (B) DUE TO Stomach & Pancreatic Cancer (C) DUE TO	INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs 6 mos 4 1/2 yrs 2 mos
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 6-26-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> ND <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 1-19 , to 6-26-52 , that I last saw the deceased alive on 6/24/52 , and that death occurred at 11:50 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE J. H. Hermann		23B. ADDRESS 1710 E. 23rd St		23C. DATE SIGNED 6/28/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 6-1-1952		24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus	
24D. LOCATION (City, town, or county) (State) Dundalk Ave. Md.		25. FUNERAL DIRECTOR ADDRESS John J. Duda, Inc. 2829 Hudson st.			
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

VS 150

MEDICAL CERTIFICATION

1000 50

UNITED STATES GOVERNMENT
CENTRAL OFFICE OF INVESTIGATION

REPORT OF SPECIAL AGENT IN CHARGE

TO THE DIRECTOR, FBI

FROM THE FIELD OFFICE

DATE

RE: [illegible]

FILE NO. [illegible]

1. [illegible]

2. [illegible]

3. [illegible]

4. [illegible]

5. [illegible]

6. [illegible]

7. [illegible]

8. [illegible]

9. [illegible]

10. [illegible]

11. [illegible]

12. [illegible]

13. [illegible]

14. [illegible]

15. [illegible]

16. [illegible]

17. [illegible]

18. [illegible]

19. [illegible]

20. [illegible]

21. [illegible]

22. [illegible]

23. [illegible]

24. [illegible]

25. [illegible]

26. [illegible]

27. [illegible]

28. [illegible]

29. [illegible]

30. [illegible]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6068**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EDWIN LEYE, JR.		2. DATE OF DEATH June 27, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore	
5. LENGTH OF STAY IN BALTIMORE 49 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1826 Ramsay Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 28-1902 49
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Joiner		10B. KIND OF BUSINESS OR INDUSTRY Shipyard	
11. FATHER'S NAME Edwin Leye Sr.		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Harriet P. Leye		ADDRESS 1826	

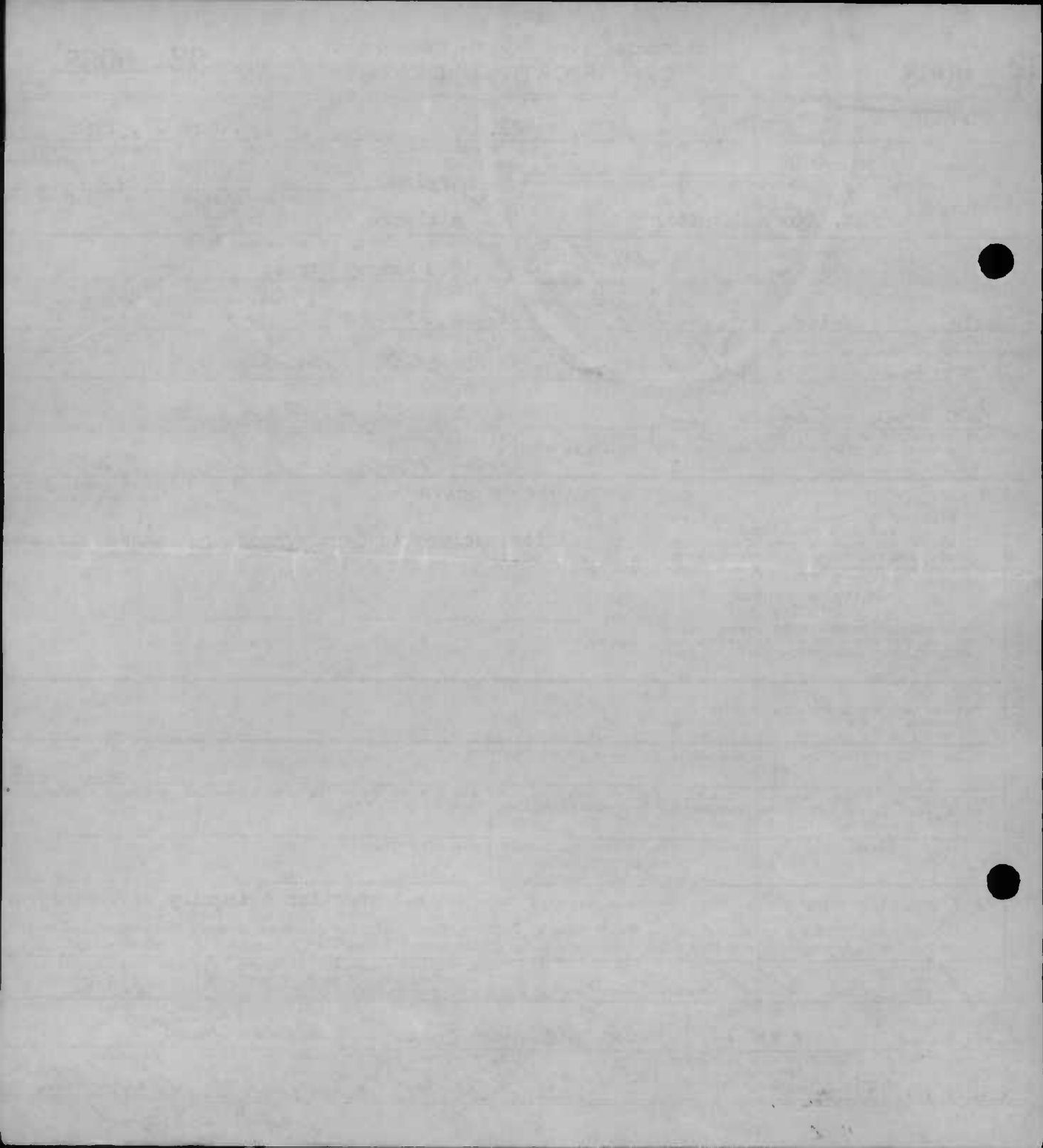
CAUSE OF DEATH

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, apoplexy, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease	(A) DUE TO
ANTECEDENT CAUSES	(B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) DUE TO
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley B. Denclocher M.D.		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input checked="" type="checkbox"/>		23C. DATE SIGNED 6/28/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7-1-52		24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cem	
24D. LOCATION (City, town, or county) Balto Md		24E. FUNERAL DIRECTOR George E. Beizer Jr.		ADDRESS 1512 Hollins St	
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1952		REGISTRAR'S SIGNATURE Huntington Williams		ADDRESS Balto. 23 Md	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 6069

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) MARGARET HOOK			2. DATE OF DEATH June 28, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 917 S. Clinton St.			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION _____			C. CITY OR TOWN (If outside corporate limits, write R.U.A. and give township) Baltimore 26-11		
c. Length of stay in Baltimore Life Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 917 S. Clinton St.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH JAN. 1876		9. AGE (In years last birthday) 76
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			10B. KIND OF BUSINESS OR INDUSTRY House Work		11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME John T. Pulsfort		
14. MOTHER'S MAIDEN NAME Elizabeth Bocklage			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NO		
16. SOCIAL SECURITY NO. _____			17. INFORMANT ADDRESS _____		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Degeneration DUE TO _____		CAUSE OF DEATH Generalized arteriosclerosis	INTERVAL BETWEEN ONSET AND DEATH _____
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO _____			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO _____			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) _____		21E. INJURY OCCURRED _____		21F. HOW DID INJURY OCCUR? _____	
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					

22. I hereby certify that I attended the deceased from March 10, 1951 to June 28, 1952, that I last saw the deceased alive on June 28, 1952, and that death occurred at 1:25 Am., from the causes and on the date stated above.

23A. SIGNATURE E. A. Flanagan Jr.		23B. ADDRESS 3501 Fair Ave. Balt.		23C. DATE SIGNED 6-30-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 30, 1952		24C. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery	
24D. LOCATION (City, town, or county) (State) 7401 Gorman Hill Rd. Ba. Co., Md.					

DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Charles S. Seely	
		ADDRESS 901 S. Conkling St.			

CENTRAL RECORDS OF DEATH

June 28, 1902

MAINTAIN BOOK

W. J. Clinton St.

W.

Clinton St.

also

W. J. Clinton St.

showed

also

showed

House work

showed

John A. Clinton

W. J. Clinton

W. J. Clinton

W. J. Clinton

CENTRAL RECORDS

W. J. Clinton

W. J. Clinton

W. J. Clinton

W. J. Clinton

W. J. Clinton

W. J. Clinton

W. J. Clinton

W. J. Clinton

W. J. Clinton

W. J. Clinton

W. J. Clinton

W. J. Clinton

W. J. Clinton

300
52 6071BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6071
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louis White

2. DATE
OF
DEATH

June 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 5-37

D. STREET ADDRESS (If rural, give location)

2824 Spellman Rd

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female Negro

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

3-3-36

9. AGE (in years
last birthday)

16

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

School girl

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James White

14. MOTHER'S MAIDEN NAME

Margaret Street

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 754.4

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ? Cerebral Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Polycythemia

(C) Congenital cyanotic heart disease

life

life

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 19, 1952 to June 29, 1952 that I last saw the
deceased alive on June 29, 1952, and that death occurred at 10 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Dwight C. McGoon

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6/29/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

July 3/52

24C. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24D. LOCATION (City, town, or county)

A. G. County Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUN 30 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Robert A. Elliott & Daughter

ADDRESS

1129 N. Caroline St.

Nov 2

RECEIVED THE OFFICE OF THE
DIRECTOR OF THE

1911

Wm. H. White

Ad

Postmaster

29-11-11

2-3-11

Wm. H. White

THOMAS H. WHITE

Wm. H. White

Wm. H. White

Wm. H. White

Wm. H. White

Wm. H. White

Wm. H. White

Wm. H. White

Wm. H. White

Wm. H. White

Wm. H. White

253
2 6072BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6072

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MARIA C. PIACENTINO			2. DATE OF DEATH June 28, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION 4131 Eierman Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days 4131 Eierman Ave.			D. STREET ADDRESS (If rural, give location)		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Oct. 19, 1867	9. AGE (In years last birthday) 84	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY At home		11. BIRTHPLACE (State or foreign country) Italy
13. FATHER'S NAME Giustino Unbani			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Sylvan Piacentino, 4131 Eierman Ave.			ADDRESS		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral vascular hemorrhage 5 hrs. DUE TO Generalized arteriosclerosis ?	CAUSE OF DEATH Cerebral vascular hemorrhage 5 hrs. Generalized arteriosclerosis ?	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 28, 1952, to June 28, 1952, that I last saw the deceased alive on June 28, 1952, and that death occurred at 12:34 p.m., from the causes and on the date stated above.23A. SIGNATURE Robert Neizer M. D. 23B. ADDRESS 5023 Wriggers Lane, Balt. 5, Md. 23C. DATE SIGNED June 30, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7/1/52	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer, Baltimore, Md.	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1952	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>1217 St Paul St</u>	ADDRESS

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6073**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES A GOODYEAR

2. DATE
OF
DEATH

June 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Unknown

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Mercy Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Unknown

D. STREET ADDRESS (If rural, give location)
Unknown

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
SINGLE

8. DATE OF BIRTH

March 28, 1907

9. AGE (In years last birthday)

45

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Unknown

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Pennsylvania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles M. Goodyear

14. MOTHER'S MAIDEN NAME

Clara E. Schreiner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
Unknown

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Snyder Funeral Home, Harrisburg, Penna.

18. **E 974 X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

ONE TO

Asphyxia hanging

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

ONE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
HOTEL

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
RITTENHOUSE HOTEL

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
June 28, 1952

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?
HANGED SELF by neck

22. I certify that I took charge of the remains described above, held an **Inspection & Inq.** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

Stanley H. Durelocher M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

June 29, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Removal

6/30/52

Harrisburg

Harrisburg, Penna

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 30 1952

Huntington Williams, M.D. - Wm. Cook Inc., 1217 B. Pay...

1718 S

CERTIFICATE OF DEATH

1718 S

DATE OF DEATH

-400
52 6074BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6074

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LAWRENCE T. SCALLY		2. DATE OF DEATH June 28, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2722 Cheswolde Road		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 27-28	
C. Length of stay in Baltimore 5 Years		D. STREET ADDRESS (If rural, give location) 2722 Cheswolde Road	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 16, 1881
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 71 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME Patrick Scally <i>OPERATIVE</i>		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Ann Cummings	
17. INFORMANT Joseph Scally		ADDRESS 3024 Barclay Street	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion DUE TO Disease	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH Immediate
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic Cardio-Vascular DUE TO 5 yrs		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1-28 , 19 52 , to 6-28 , 19 52 , that I last saw the deceased alive on 6-28 , 19 52 , and that death occurred at 1:30 p. m. , from the causes and on the date stated above.		
23A. SIGNATURE J. J. Williams	23B. ADDRESS 11 P. Chase St.	23C. DATE SIGNED 6-30-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE July 1, 1952	24C. NAME OF CEMETERY OR CREMATORY St. Joseph Cenetery	24D. LOCATION (City, town, or county) (State) Texas Maryland
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Charles F. Evans & Son	ADDRESS 69050 6118 W. Mt. Royal Ave.

Dr. Philip Fylnn
11 E. Chase St.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

52 6075

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Enrico Gaetana (or Enrico Di Gaetano)

2. DATE
OF
DEATH

June 28, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Baltimore City Hospitals

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Maryland**
b. COUNTY _____

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

d. STREET ADDRESS (If rural, give location)
321 S. Ellamont Street-29

c. Length of stay in Baltimore

40 yrs.?

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 3, 1885

9. AGE (in years last birthday)

66

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Street Cleaning

10b. KIND OF BUSINESS OR INDUSTRY

Balt. City

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles Gaetana

(D)

14. MOTHER'S MAIDEN NAME

Clara ? (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Records: B. C. H. 4940 Eastern Avenue

MEDICAL CERTIFICATION

CAUSE OF DEATH

18. **002 X**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Pulmonary Tuberculosis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____

DUE TO

(C) _____

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

?

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **4-16**, 19**52** to **6-28**, 19**52**, that I last saw the deceased alive on **6-28**, 19**52** and that death occurred at **9:45 A** m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

4940 Eastern Avenue

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

BURIAL

July 1st 1952 New Cathedral Cem. Old Frederick Rd. Balt Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 30 1952

Huntington Williams, M.D.

Frank Della Noe 322 S. High St.

520 996693 72

1075 53

ATTORNEY GENERAL OF THE STATE OF NEW YORK

IN SENATE

REPORT

OF THE

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REPORT OF THE

COMMISSIONER

OF THE LAND OFFICE

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REPORT OF THE
COMMISSIONER
OF THE LAND OFFICE
IN SENATE
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REPORT OF THE COMMISSIONER OF THE LAND OFFICE

1897

530
52 6076

CERTIFICATE CORRECTED 7/7/1952 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6076

Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) <i>Charles Smith</i>	
2. DATE OF DEATH <i>June 26, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. City</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>	
C. LENGTH OF STAY IN BALTIMORE <i>25 Yrs.</i>	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 5-03</i>	
D. STREET ADDRESS (If rural, give location) <i>272 Cyter St. - N.</i>	
5. SEX <i>male</i> 6. COLOR OR RACE <i>Colored</i> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	
8. DATE OF BIRTH <i>Jan. -25-1894</i> 9. AGE (in years last birthday) <i>58</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i> 10B. KIND OF BUSINESS OR INDUSTRY <i>In General</i>	
11. BIRTHPLACE (State or foreign country) <i>N.C.</i> 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Charles Smith</i> 14. MOTHER'S MAIDEN NAME <i>Nancy ?</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or not known) <i>No</i> 16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i> ADDRESS	

18. <i>002X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Tuberculosis meningitis</i> DUE TO II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Miliary tuberculosis of Lungs</i> DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION <i>0</i> 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6/23* 1952 to *6/26* 1952 that I last saw the deceased alive on *6/26* 1952 and that death occurred at *9:55* a.m., from the causes and on the date stated above.

23A. SIGNATURE <i>Roman E. Shaver M.D.</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>6-28-52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>6/30/1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvery Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Brooklyn Md.</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 30 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Elroy O. Wilson</i>	ADDRESS <i>1000 Brently ave</i>
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Additional information from C D Report Card #00817 dated 6/30/52
from Dr. Norman Shaver, JHH - ES

252 Z 520 P
2 6077
RZK 150122

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6077
Registered No. _____

1. NAME OF DECEASED (Type or Print) Viola Wisniewski (Wisniewska)		2. DATE OF DEATH 6-28-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY 26-173	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 38 yrs.		D. STREET ADDRESS (If rural, give location) B.C.H. 4940 Eastern Avenue	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH ? ? 1885
9. AGE (In years last birthday) 67		10. If Under 1 Year Months: Days Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Poland		12. CITIZEN OF WHAT COUNTRY? Poland	
13. FATHER'S NAME Stanley Oldakowska Stanley Ordakowski		14. MOTHER'S MAIDEN NAME Mary ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Records: B.C.H. 4940 Eastern Avenue		ADDRESS	
18. 420.0 and E 903.7 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Hypertensive Arteriosclerotic heart disease DUE TO ANTECEDENT CAUSES. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Intertrochanteric fracture, left hip		INTERVAL BETWEEN ONSET AND DEATH 2 days	
19A. DATE OF OPERATION 6-27-52		19B. MAJOR FINDINGS OF OPERATION Intertrochanteric fracture of left hip	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Infirmery	
21C. WHERE DID INJURY OCCUR? Baltimore City Hospitals		21D. TIME (Month) (Day) (Year) (Hour) June 27, 1952	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Fell to floor and broke hip	
22. I hereby certify that I attended the deceased from 7-7 19 51 , to 6-28 19 52 , that I last saw the deceased alive on 6-28 19 52 , and that death occurred at 1:30 a.m. , from the causes and on the date stated above.			
23A. SIGNATURE J.S. Hogan		23B. ADDRESS 4940 Eastern Avenue	
23C. DATE SIGNED			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE July 1, 1952	
24C. NAME OF CEMETERY OR CREMATORY Holy Rosary Cem		24D. LOCATION (City, town, or county) (State) Balta County	
25. FUNERAL DIRECTOR Huntington Williams, 402 S. Chester St		ADDRESS	

MEDICAL CERTIFICATION

VS 150
N820.0 To Be Approved by Medical Examiner

13 8711

DEPARTMENT OF HEALTH & HUMAN SERVICES

CERTIFICATE OF DEATH

1/1/71

DATE OF DEATH 1/1/71

PLACE OF DEATH

DATE OF BIRTH

SEX

RACE

EDUCATION

OCCUPATION

CAUSE OF DEATH

MANNER OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF BIRTH

SEX

RACE

EDUCATION

OCCUPATION

CAUSE OF DEATH

MANNER OF DEATH

DATE OF DEATH

PLACE OF DEATH

DATE OF BIRTH

SEX

RACE

EDUCATION

OCCUPATION

CAUSE OF DEATH

MANNER OF DEATH

DATE OF DEATH

PLACE OF DEATH

314
6078BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6078

BIRTH NO.		1. NAME OF DECEASED (Type or Print) John W. Stiffler		2. DATE OF DEATH 6 - 27 - 52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY none			
B. FULL NAME OF HOSPITAL OR INSTITUTION Kenesaw Rest Home 2601 Roslyn Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-11			
c. Length of stay in Baltimore life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3403 Wabash Avenue			
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 3 - 10 - 66	9. AGE (in years, last birthday) 86	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman - retired		10B. KIND OF BUSINESS OR INDUSTRY retail furniture		11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY? U. S.		13. FATHER'S NAME William Henry Stiffler		14. MOTHER'S MAIDEN NAME Mary Charlotte McCleary	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS W. Lawrence Weeks 1532 Rosedale St.	
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Cerebral Hemorrhage 1 hr. ANTECEDENT CAUSES (B) Generalized Arteriosclerosis ? DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) Hemiplegia Rt. 7 yrs. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertension 7 yrs.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-27-1952 to 6-27-1952 that I last saw the deceased alive on 6-27-1952 and that death occurred at 11 P.M., from the causes and on the date stated above.					
23A. SIGNATURE R. Stiffler		23B. ADDRESS 3105 N. Charles St.		23C. DATE SIGNED 6 - 30 - 52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7 - 1 - 52		24C. NAME OF CEMETERY OR CREMATORY Woodlawn	
24D. LOCATION (City, town, or county) (State) Woodlawn, Maryland		25. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.		ADDRESS 1900 Eutaw Place	
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		VS 150 Dr. Livers	

800 80

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DATE

1. Name of deceased
2. Sex
3. Age
4. Race
5. Date of birth
6. Date of death
7. Place of death
8. Cause of death
9. Signature of physician
10. Signature of registrar

11. Name of informant
12. Address of informant
13. Signature of informant
14. Signature of registrar

15. Name of registrar
16. Address of registrar
17. Signature of registrar
18. Signature of registrar

19. Name of registrar
20. Address of registrar
21. Signature of registrar
22. Signature of registrar

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6079**

BIRTH NO. 460
2 6079

1. NAME OF DECEASED (Type or Print) Charles H. Miller			2. DATE OF DEATH JUN 30 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution & residence before admission) A. STATE Md B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Essex 5354		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 1213 4th Road		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 2-2-2-98		9. AGE (In years last birthday) 54
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10B. KIND OF BUSINESS OR INDUSTRY CONSTR.	11. BIRTHPLACE (State or foreign country) New York		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Charles H. Miller Sr.			14. MOTHER'S MARRIED NAME Mary Grunderson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT JOHNS HOPKINS HOSPITAL		

18. 231X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		Cerebral arteriosclerosis + hemorrhages.	5 yrs.
ANTECEDENT CAUSES		(B) DUE TO	Hypertension
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)	10 yrs.

**II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **6-24-1952** to **6-30-1952** that I last saw the deceased alive on **6-30-1952** and that death occurred at **6-30-1952** m., from the causes and on the date stated above.

23A. SIGNATURE **John L. Heleman** M. D. 23B. ADDRESS **JOHNS HOPKINS HOSPITAL** 23C. DATE SIGNED **6-30-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **burial** 24B. DATE **7-2-52** 24C. NAME OF CEMETERY OR CREMATORY **London Park** 24D. LOCATION (City, town, or county) **Belts Md.** (State)

DATE RECEIVED BY LOCAL REGISTRAR **JUN 30 1952** REGISTRAR'S SIGNATURE **Huntington Williams** 25. FUNERAL DIRECTOR **John G. Connolly** ADDRESS **Essex Md.**

570246076

MEDICAL CERTIFICATION

1000 500

CERTIFICATE OF DEATH

1925

1000 500

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 6080

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)JAMES B. SCHWEIGER2. DATE
OF
DEATHJune 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTIONS. Balt. Gen. Hosp

4. USUAL RESIDENCE (Where deceased lived, If institution, residence before admission)

A. STATE MdB. COUNTY Balto

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Blundell

D. STREET ADDRESS (If rural, give location)

104 Shipway

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Mar. 5 - 1924

9. AGE (In years)

28

H Under 1 Year Months: Days

H Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Swadlow

10B. KIND OF BUSINESS OR INDUSTRY

Beth Steel Co

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Clarence E Schweiger

14. MOTHER'S MAIDEN NAME

Anna B. Trainor

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Wife

ADDRESS

18. E 856X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Crushing injury of chest

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

PIER

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

PIER 6, PORT COVINGTON

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

June 28, 1952 4P.m.

21E. INJURY OCCURRED:

WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

Crushed by bulldozer22. I certify that I took charge of the remains described above, held an Inspect. + Inq thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dunlacher

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

June 29, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7-2-52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cmn

24D. LOCATION (City, town, or county) (State)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John S. Connelly

ADDRESS

Essex Md

VS 151

N 862.2948 30✓

MEDICAL CERTIFICATION

Called Medical Examiner's Office

7/8/52 ES

52 52
62 6081

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6081

1. NAME OF DECEASED (Type or Print) Joseph Evans Hawkins			2. DATE OF DEATH 6/28/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY 20 01		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1810 Lauretta Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1810 Lauretta Ave		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12/3/94	9. AGE (in years last birthday) 57	H Under 1 Year Months Days H Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mechanic			10B. KIND OF BUSINESS OR INDUSTRY Balto. Signal Corp.		
11. BIRTHPLACE (State or foreign country) Baltimore, Md.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Frank Hawkins			14. MOTHER'S MAIDEN NAME Maggie Blake		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes WWL			16. SOCIAL SECURITY NO. 212-10-7443		
17. INFORMANT Mrs. Dorthy Hawkins			ADDRESS 1810 Lauretta		

18. 241X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Chronic Myocarditis -				2 yrs	
DUE TO		(B) Chronic Bronchitis/Asthma		15 yrs	
DUE TO		(C)			
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1, 1952 to June 28, 1952 , that I last saw the deceased alive on 6/28, 1952 , and that death occurred at 4:45 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE J. H. Hoover		23B. ADDRESS 450 W. Biddle St		23C. DATE SIGNED 6/30/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Buried		24B. DATE 7/2/52		24C. NAME OF CEMETERY OR CREMATORY Baltimore National	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR Charles R. Law, 802 Madison Ave.			
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

VS 150
10452855091

MEDICAL CERTIFICATION

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425
6082BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6082
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Timie (Liny) Wilkins</i>		2. DATE OF DEATH <i>June 29 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>1637 Ashland Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1637 Ashland Ave</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>March 3 1904</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>48</i>
11. BIRTHPLACE (State or foreign country) <i>Na.</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Percy Bryd - 1514 E Eager</i>		ADDRESS	

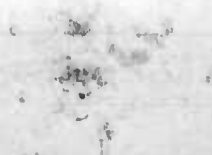
18. <i>592X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO <i>Hypertension</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO <i>Myocarditis</i>		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO <i>Nephritis</i>		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>9-11</i> , 19 <i>51</i> , to <i>9-29</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>6-27</i> , 19 <i>52</i> , and that death occurred at <i>11:00</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>George W. Adams</i> M.D.		23B. ADDRESS <i>2322 N. North</i>		23C. DATE SIGNED <i>6-30-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24B. DATE <i>July 2/5 2</i>		24C. NAME OF CEMETERY OR CREMATORY <i>La Croix</i>	
24D. LOCATION (City, town, or county) (State) <i>Va.</i>		25. FUNERAL DIRECTOR <i>Huntington Williams</i>		ADDRESS <i>Mr. G. Ellipt, Daughter</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 30 1952</i>		6 <i>229 N. Caroline St.</i>			

5200

CERTIFICATE OF DEATH

111



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6083**

BIRTH NO. **6083**

1. NAME OF DECEASED (Type or Print) **Thomas Carter** 2. DATE OF DEATH **6-28-52**

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION **Sinai Hospital** C. CITY OR TOWN **Baltimore**

D. STREET ADDRESS (If rural, give location) **1512 E. Baltimore St. # 31**

E. Length of stay in Baltimore **2** Yrs. ~~Months~~ ~~Days~~

5. SEX **Male** 6. COLOR OR RACE **White** 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **Single** 8. DATE OF BIRTH **July 24 '52** 9. AGE (in years last birthday) **ONE**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **NONE** 10B. KIND OF BUSINESS OR INDUSTRY **—** 11. BIRTHPLACE (State or foreign country) **Lumberton, N.C.** 12. CITIZEN OF WHAT COUNTRY? **USA**

13. FATHER'S NAME **Leonard Carter** 14. MOTHER'S MAIDEN NAME **Eula Mae Smith**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) **NO** 16. SOCIAL SECURITY NO. **NONE** 17. INFORMANT ADDRESS **LEONARD CARTER - LUMBERTON N.C.**

18. **204.0** I CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) **(A) Acute Lymphocytic Leukemia** DUE TO **9 mo.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION **✓** 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6-20**, 19**52** to **6-28**, 19**52** that I last saw the deceased alive on **6-28**, 19**52**, and that death occurred at **8:10 P** m., from the causes and on the date stated above.

23A. SIGNATURE **Harold S. Farfel** 23B. ADDRESS **Sinai Hospital** 23C. DATE SIGNED **6-28-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **REMOVAL** 24B. DATE **JUNE 30-1952** 24C. NAME OF CEMETERY OR CREMATORY **MT AIRY** 24D. LOCATION (City, town, or county) (State) **LUMBERTON N.C.**

DATE RECEIVED BY LOCAL REGISTRAR **JUN 30 1952** REGISTRAR'S SIGNATURE **Huntington Williams, M.D.** 25. FUNERAL DIRECTOR **WILL RICH FUNERAL HOME** ADDRESS **2066 ORLEANS ST**

VS 150 **1 9 5 2 0 0 6 0 0 0**

MEDICAL CERTIFICATION

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6084**

140
52 6084
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>Shipley, Walter Emory</u>			2. DATE OF DEATH <u>June 28, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Baltimore, Md.</u>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Baltimore, Md.</u> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Joseph Hospital</u>			C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) <u>Baltimore, Md.</u>		
C. Length of stay in Baltimore <u>52 yrs.</u>			D. STREET ADDRESS (If rural, give location) <u>632 Wildwood Parkway, Balto. 29</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>4-2-75</u>		9. AGE (In years last birthday) <u>77</u> If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Balto. Transit</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Retired Pension</u>	11. BIRTHPLACE (State or foreign country) <u>Baltimore County</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>John H. Shipley</u>			14. MOTHER'S MAIDEN NAME <u>Rachel A. Shipley</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>313 06 9635</u>	17. INFORMANT ADDRESS <u>Mrs. Ida Y. Shipley, 632 Wildwood PKWY</u>		
18. <u>156.2</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>I</u> <u>Matastasic carcinoma of liver, primary</u> DUE TO <u>origin non-determined</u> ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>II</u> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>6-26-52</u> , 19 <u>52</u> , to <u>6-28-52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6-28-52</u> , 19 <u>52</u> , and that death occurred at <u>2:15 pm.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>[Signature]</u>		23B. ADDRESS <u>M. D. St. Joseph Hospital, Balto.</u>		23C. DATE SIGNED <u>6-28-52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>July 1/52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Morgan Chapel Cem.</u>	24D. LOCATION (City, town, or county) <u>Carroll County</u>		(State) <u>Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>JUN 30 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR ADDRESS <u>Harry J. Rusty, 4101 Edmondson Ave.</u>	

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RECEIVED BY THE DIRECTOR
OF THE BUREAU OF THE
MAY 19 1964

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6085
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) TERESA A. SLICHER			2. DATE OF DEATH June 28 1952		
3. PLACE OF DEATH a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE md. b. COUNTY Baltimore		
b. FULL NAME OF (If not in hospital or institution, give street address or location) Mervyn Ross			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			d. STREET ADDRESS (If rural, give location) 3900 Edmondson Ave		
5. SEX F	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Dec 1 1909	9. AGE (In years last birthday) 42 yrs	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary			11. BIRTHPLACE (State or foreign country) md		
10b. KIND OF BUSINESS OR INDUSTRY None			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME John B Slicher			14. MOTHER'S MAIDEN NAME Lenna Mason		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) md			16. SOCIAL SECURITY NO. ?		
17. INFORMANT James P. Slicher			ADDRESS 74 Woodington Rd		

18. 154X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Breast generally metastases	CAUSE OF DEATH (A) Carcinoma of Breast DUE TO (B) generally metastases DUE TO (C) ?	INTERVAL BETWEEN ONSET AND DEATH 2 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Cachexia & Cardiac Failure 3 weeks		

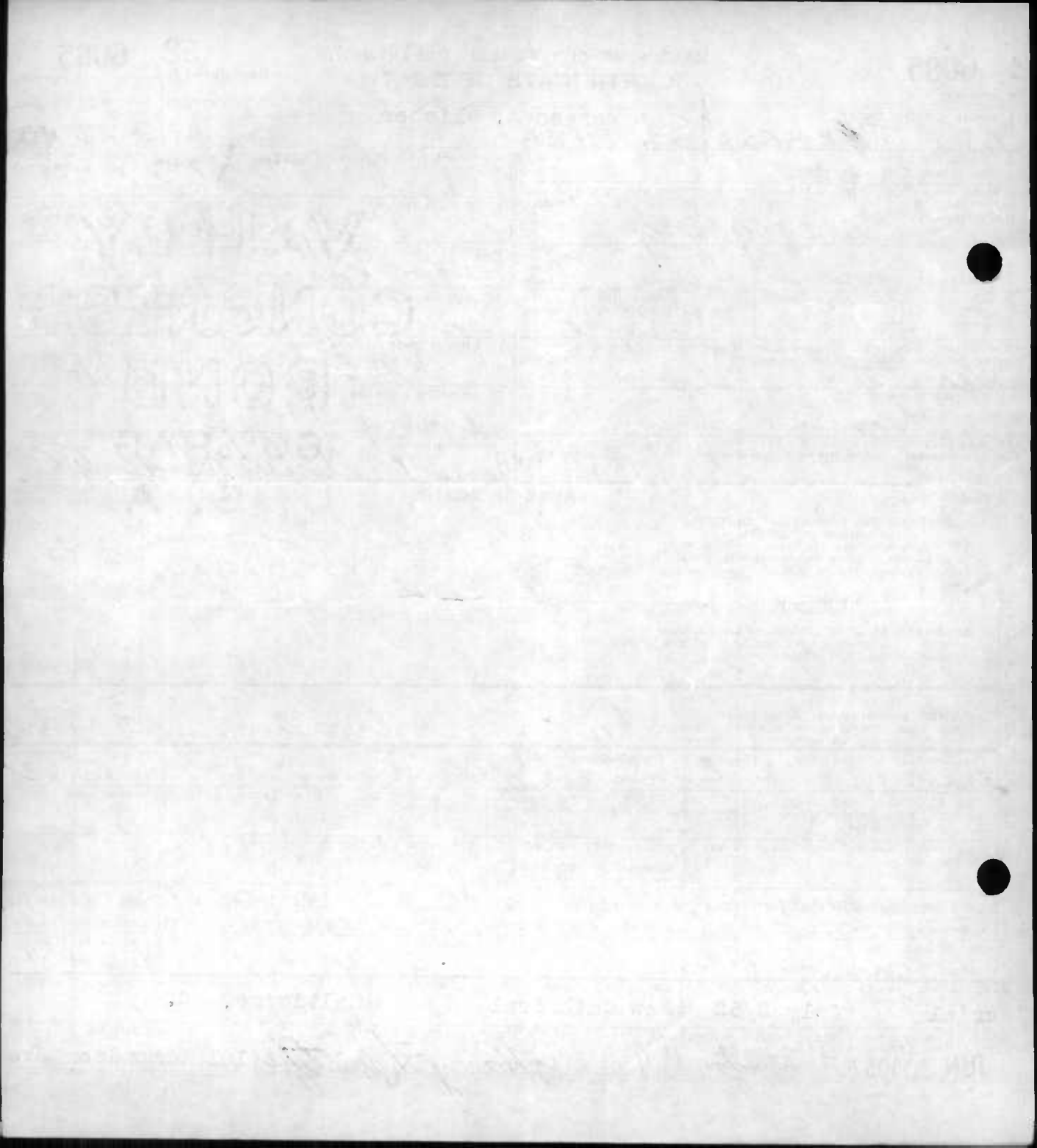
19a. DATE OF OPERATION Dec 19 1951	19b. MAJOR FINDINGS OF OPERATION Carcinoma of Breast	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **me 5, 1952** to **June 28, 1952**, that I last saw the deceased alive on **June 28, 1952** and that death occurred at **7:50 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Edward J. Chambers	23b. ADDRESS New York	23c. DATE SIGNED June 28 52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 2/52	24c. NAME OF CEMETERY OR CREMATORY New Cathedral	24d. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Harry H. Keith	ADDRESS 4101 Edmondson Ave

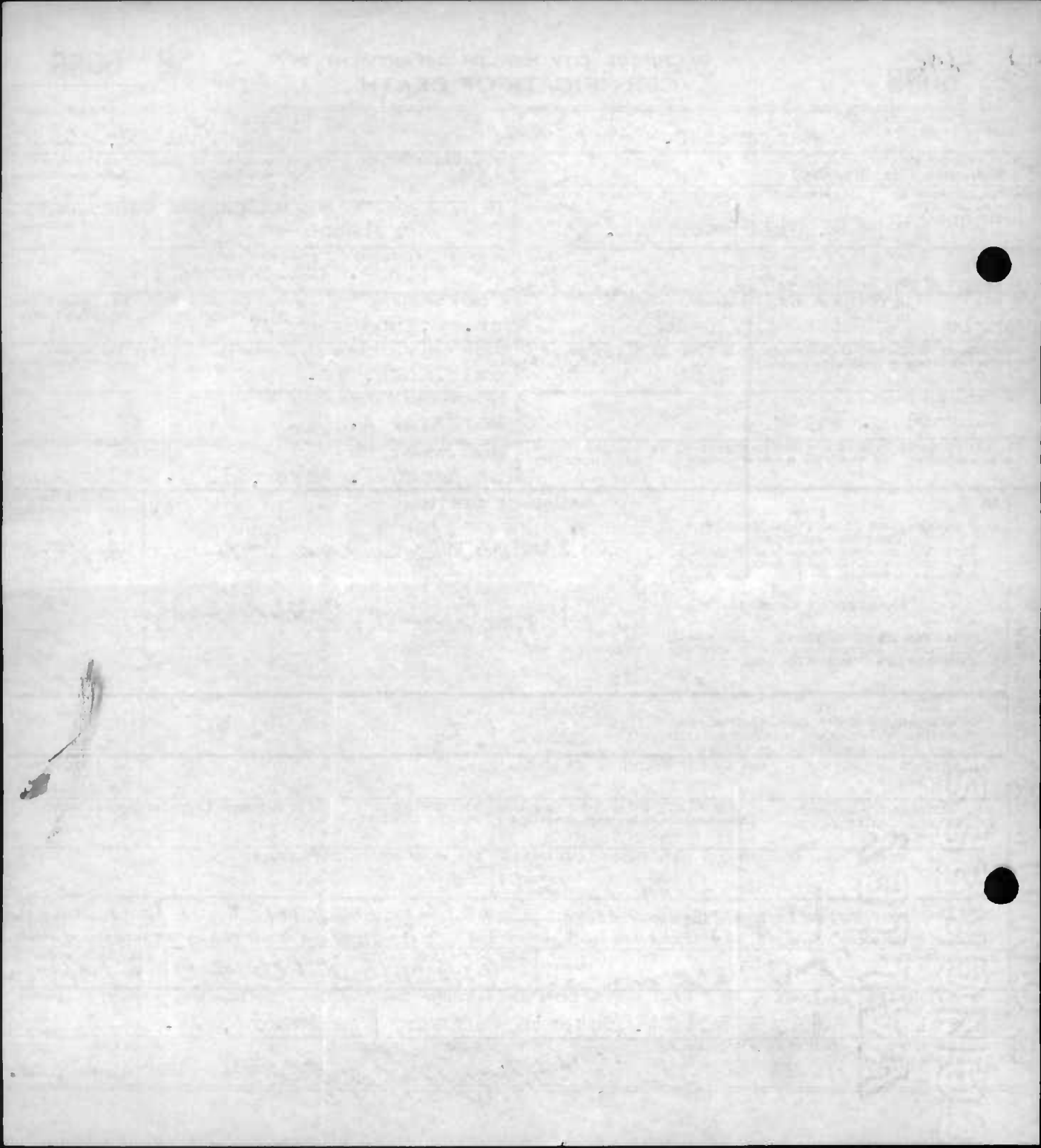
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35099



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52 6086BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6086

1. NAME OF DECEASED (Type or Print) Margaret J. Bayer		2. DATE OF DEATH June 28, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 118 S. Arlington Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 118 S. Arlington Ave	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 2, 1854
9. AGE (In years last birthday) 97		10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY None	
11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Michael L. Bayer		14. MOTHER'S MAIDEN NAME Margaret A. Ott	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) None		16. SOCIAL SECURITY NO.	
17. INFORMANT Miss Agnes J. Bayer, 118 S. Arlington Ave		ADDRESS	
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebro-Vascular Acc DUE TO Hypertension C-V. Disease INTERVAL BETWEEN ONSET AND DEATH 3 yrs ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Senility II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 1946 , 19 52 , to June 28 , 19 52 , that I last saw the deceased alive on June 28 , 19 52 , and that death occurred at 3 AM , from the causes and on the date stated above.			
23A. SIGNATURE Edward O. Keenins M. D.		23B. ADDRESS 4300 Lombard St	
23C. DATE SIGNED 6/11/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE July 1/52	
24C. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1952		REGISTRAR'S SIGNATURE Huntington Williams	
25. FUNERAL DIRECTOR Harry H. H. H.		ADDRESS 4101 Edmondson Ave.	



600
2 6087

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6087

BIRTH NO.			1. NAME OF DECEASED (Type or Print) John J. Bayer			2. DATE OF DEATH June 28, 1952.		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md. B. COUNTY Baltimore			5. CITY OR TOWN (If outside corporate limits, write R.U.M.L. and give township) Baltimore		
6. FULL NAME OF HOSPITAL OR INSTITUTION 118 S. Arlington			7. STREET ADDRESS (If rural, give location) 118 S. Arlington Ave.			8. DATE OF BIRTH April 7, 1857		
9. LENGTH OF STAY IN BALTIMORE Life			10. AGE (in years last birthday) 95			11. BIRTHPLACE (State or foreign country) Balto. Md.		
12. SEX Male			13. COLOR OR RACE White			14. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired			16. KIND OF BUSINESS OR INDUSTRY Baltimore City			17. CITIZEN OF WHAT COUNTRY? U.S.		
18. FATHER'S NAME Michael L. Bayer			19. MOTHER'S MAIDEN NAME Margaret A. Ott			20. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		
21. SOCIAL SECURITY NO.			22. INFORMANT Miss Agnes J. Bayer, 118 S. Arlington Ave			23. ADDRESS		
24. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Cordis Vasc Dis			25. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Seridity			26. INTERVAL BETWEEN ONSET AND DEATH 2 yrs		
27. DATE OF OPERATION 0			28. MAJOR FINDINGS OF OPERATION			29. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
30. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			31. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			32. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
33. TIME (Month) (Day) (Year) (Hour) OF INJURY			34. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			35. HOW DID INJURY OCCUR?		
36. I hereby certify that I attended the deceased from 1942 , 19 52 , to June 28 , 19 52 , that I last saw the deceased alive on June 28 , 19 52 , and that death occurred at 1 A.m. , from the causes and on the date stated above.								
37. SIGNATURE Edward J. Halen			38. DATE July 1/52			39. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery		
40. LOCATION (City, town, or county) Balto. Md.			41. DATE SIGNED 6/28/52			42. SIGNATURE Harry J. Hutzler		
43. DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1952			44. REGISTRAR'S SIGNATURE Huntington Williams, M.D.			45. FUNERAL DIRECTOR 4101 Edmondson Ave		

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 6088
Registered No.

152
52 6088
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mary L. Sponsler		2. DATE OF DEATH June 28/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 523 Mt. Holly St		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 523 Mt. Holly St.			
c. Length of stay in Baltimore 60 yrs		Yrs. Mos. Days	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec. 8, 1865
		9. AGE (In years last birthday) 86	If Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Lott Nicholson		11. BIRTHPLACE (State or foreign country) Balto. Md.	
		12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MAIDEN NAME ---Johnson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
		17. INFORMANT ADDRESS Mrs. Ruth Sohl, 523 Mt. Holly St.	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) HYPERTENSIVE & ARTERIO SCLEROTIC CARDIOVASCULAR DISEASE		INTERVAL BETWEEN ONSET AND DEATH 10 + yrs.
(A) DUE TO		
(B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **June 1950** to **6/28, 1952**, that I last saw the deceased alive on **6/27, 1952** and that death occurred at **12:30 p.m.**, from the causes and on the date stated above.

22A. SIGNATURE Thos E. O'Connell	23B. ADDRESS 3629 Edmondson Ave	23C. DATE SIGNED 6/30/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE July 2/52	24C. NAME OF CEMETERY OR CREMATORY Loudon Pk.
24D. LOCATION (City, town, or county) Baltimore, Md.		(State)
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1952		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, 101 Edmondson Ave.

VS 150

MEDICAL CERTIFICATION

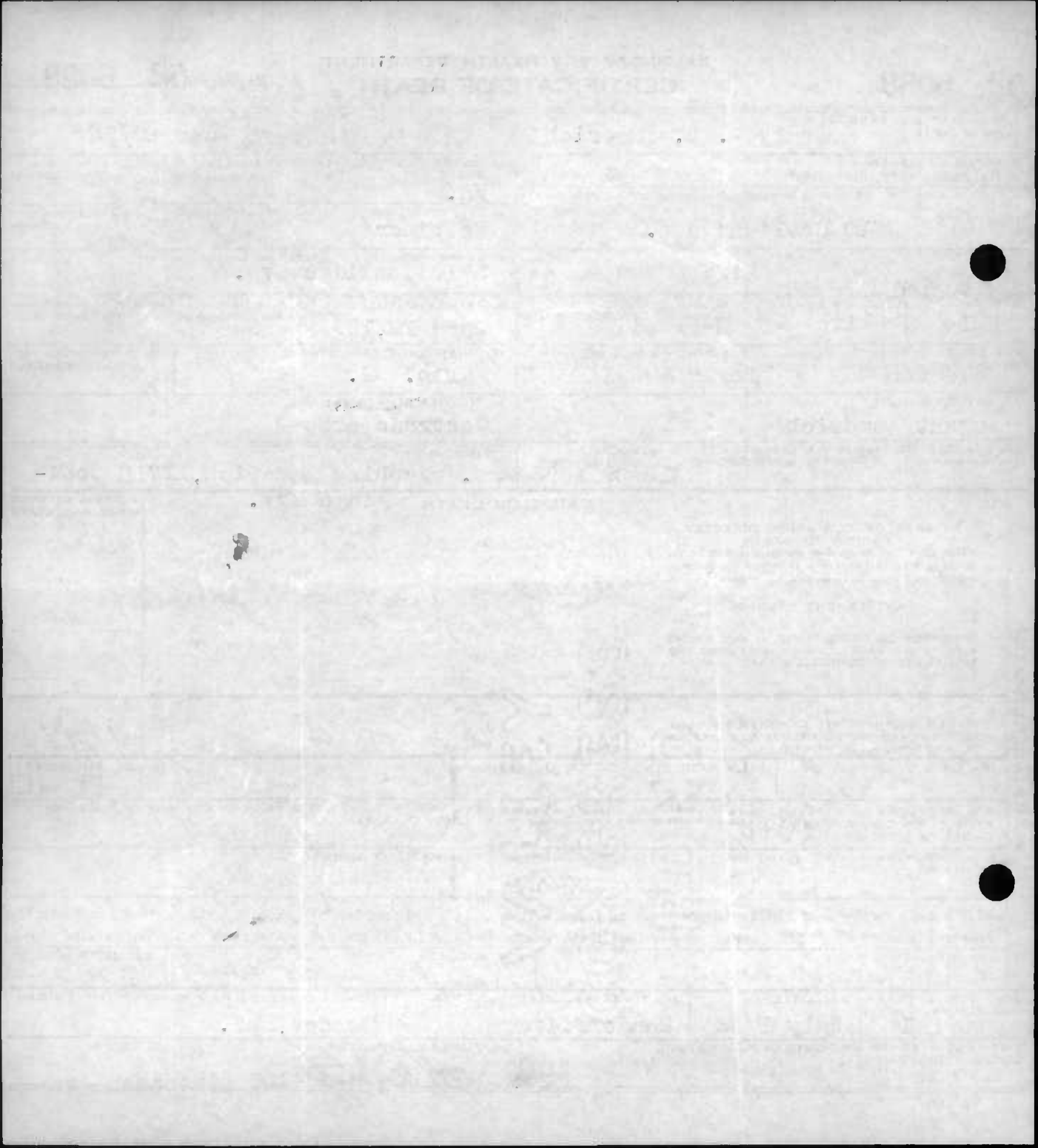
562
52 6089

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6089

1. NAME OF DECEASED (Type or Print) Henry J. S. Emmerich		2. DATE OF DEATH June 28/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3710 Coolidge Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3710 Coolidge Ave.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 18, 1893
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10B. KIND OF BUSINESS OR INDUSTRY Parks & Hull	9. AGE (in years last birthday) 59
11. BIRTHPLACE (State or foreign country) Balto. Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME August Emmerich		14. MOTHER'S MAIDEN NAME Gertrude Arcott	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 215 09 1093	
17. INFORMANT Mrs. Josephine Emmerich		ADDRESS 3710 Coolidge Ave.	
18. 42011 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Occlusion DUE TO Cardio Vascular Disease & Coronary Insufficiency DUE TO Coronary Occlusion DUE TO		CAUSE OF DEATH Coronary Occlusion Cardio Vascular Disease & Coronary Insufficiency Coronary Occlusion	
19. DATE OF OPERATION 6/28/52		19B. MAJOR FINDINGS OF OPERATION Coronary Occlusion	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	
21A. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21B. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21C. TIME (Month) (Day) (Year) (Hour) OF INJURY		21D. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21E. HOW DID INJURY OCCUR?		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/8 , 19 52 , to 6/28 , 19 52 , that I last saw the deceased alive on 6/28 , 19 52 , and that death occurred at 9:45 A.M. , from the causes and on the date stated above.			
23A. SIGNATURE E. J. Sullivan		23B. ADDRESS 3432 S. ... Ave	
23C. DATE SIGNED 6/28/52		23D. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE July 1/52	
24C. NAME OF CEMETERY OR CREMATORY Meadowridge		24D. LOCATION (City, town, or county) (State) Dorsey, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1952		REGISTRAR'S SIGNATURE Thurston Williams	
25. FUNERAL DIRECTOR 49065		ADDRESS 101 Edmondson Ave	

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

52 6090

BIRTH NO. 52-6090-14208

1. NAME OF DECEASED
(Type or Print)

Baby Boy, Hartley

2. DATE
OF
DEATH

6-22-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Maryland General Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore Zone 1

D. STREET ADDRESS (If rural, give location)

317 Rock Avenue

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

6-22-52

9. AGE (In years,
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

7:30

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Jesse Charles Hartley

14. MOTHER'S MAIDEN NAME

Helen Marie Hurd

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 776x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Prematurity

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/22, 1952, to 6/22, 1952, that I last saw the
deceased alive on 6/22, 1952, and that death occurred at 2:55 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUN 30 1952

Huntington Williams, Jr.

Commissioner of Health

VS 150

JOHN HOPKINS MEDICAL SCHOOL JUN 27 1952

141

52 6091

52 6091

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. 52-12590

1. NAME OF DECEASED (Type or Print) Baby Girl Appleby			2. DATE OF DEATH June 6, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Sinai Hospital			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY X		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sinai Hospital of Balto, Inc.			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 2634		
C. Length of stay in Baltimore 24 minutes			D. STREET ADDRESS (If rural, give location) 4913 Wright Avenue #5		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S.	8. DATE OF BIRTH June 6, 1952		9. AGE (In years last birthday) 24 Months: 0 Days: 0 Min.: 0
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Md.
13. FATHER'S NAME George Appleby			14. MOTHER'S MAIDEN NAME Winiford Ann Duckworth		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		

18. 761.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Prematurity		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Premature Separation of Placenta		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 6, 1952 , to June 10, 1952 , that I last saw the deceased alive on June 6, 1952 , and that death occurred at 1:00 pm. , from the causes and on the date stated above.					
23A. SIGNATURE B. S. Shuman		23B. ADDRESS Sinai Hosp.		23C. DATE SIGNED 6-25-52	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
				JOHN HOPKINS MEDICAL SCHOOL		JUN 26 1952	
DATE RECEIVED BY LOCAL REGISTRAR JUN 30 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Commissioner of Health		ADDRESS	

MEDICAL CERTIFICATION

1000

STATE OF NEW YORK

June 2, 1922

My dear Sir:

Enclosed

AM

Enclosure

Yours very truly,

W. L. R.

W. L. R.

W. L. R.

W. L. R.

W. L. R.

W. L. R.

W. L. R.

W. L. R.

W. L. R.

W. L. R.

52 500
6092

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6092

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>John B. Vain</i>		2. DATE OF DEATH <i>6-27-52</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>Balto</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md</i> B. COUNTY			
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>2116 E. Madison St</i>		c. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Balto - Md 7-03</i>			
c. Length of stay in Baltimore <i>Life</i>		d. STREET ADDRESS (If rural, give location) <i>2116 E. Madison St</i>			
5. SEX <i>M.</i>	6. COLOR OR RACE <i>N.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>5-19-88</i>	9. AGE (In years last birthday) <i>64</i>	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Salesman Wholesale Fish Mkt.</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Baltimore Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>John Vain</i>		14. MOTHER'S MAIDEN NAME <i>Cinnie Schaum</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Anna Vain same</i>	
18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Cerebral Hemorrhage (apoplexy)</i> DUE TO (B) <i>Cor Cardia Vas Renal Disease</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <i>4 months</i> <i>?</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>March 4</i> , 19 <i>52</i> to <i>June 27</i> , 19 <i>52</i> that I last saw the deceased alive on <i>June 23</i> , 19 <i>52</i> , and that death occurred at <i>3 A.m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Joseph Pokorny</i>		23b. ADDRESS <i>2200 E Madison St</i>		23c. DATE SIGNED <i>6/30/52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>7-1-52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer</i>	
24d. LOCATION (City, town, or county) (State) <i>Balto - Md</i>		24e. NAME OF CEMETERY OR CREMATORY <i>Balto - Md</i>		24f. LOCATION (City, town, or county) (State) <i>Balto - Md</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUN 30 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS <i>Lilly & Ziller - 4038 N. York St.</i>	

MEDICAL CERTIFICATION

Dr. Polkney.

[Faint, mostly illegible handwritten text follows, appearing to be a ledger or account book with multiple columns and entries.]

212
2 6093BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6093

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marie Jakubik

2. DATE
OF
DEATH

6-27-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

3605 Hillsdale Ave

B. FULL NAME OF (If not in hospital or institution, give street address of
HOSPITAL OR
INSTITUTIONAnderson Nursing Home
3605 Hillsdale Ave4. USUAL RESIDENCE (Where deceased lived, if institution; residence
before admission)

A. STATE Md - B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore - Md. 1-01

D. STREET ADDRESS (If rural, give location)

737 S. Fenwood Ave

c. Length of stay in Baltimore

40

Yrs.

Mos.

Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

9-8-04

9. AGE (In years;
last birthday)

47 48

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Practical Nurse

10B. KIND OF BUSINESS OR
INDUSTRY

Self-

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Walter Jakubik

14. MOTHER'S MAIDEN NAME

Alexandria Mickewski

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Milton Jakubik

ADDRESS

1922 Burnwood Ave

18. 174X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma Uterus

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

General Metastasis

(C)

INTERVAL BETWEEN
ONSET AND DEATH

2 yrs.

- 6 mos.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1952, to June 27, 1952, that I last saw the
deceased alive on June 27, 1952, and that death occurred at 1 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Howard H. Warner

M. D.

23B. ADDRESS

2607 Harrison Pkwy

23C. DATE SIGNED

6-27-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7-1-52

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL HEALTH OFFICE

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

L. L. L. + Z. L. L.

ADDRESS

403 S. Wolfe

[Faint handwritten notes, possibly bleed-through from the reverse side.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No.

52 6094

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
DORIS		June 27, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
		A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 7335 Manchester Road			
5. SEX Female		8. DATE OF BIRTH 7-30-	
6. COLOR OR RACE White		9. AGE (In years last birthday) 10	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Infant</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Infant</i>	
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>	
13. FATHER'S NAME Ernest Conrad		14. MOTHER'S MAIDEN NAME Margarette Eldert	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
		17. INFORMANT Ernest Conrad	
		ADDRESS 7335 Manchester Rd	

18. 493X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Focal Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED
6/28/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

1976

24

CHINESE UNIVERSITY

1976

24, 1976

11

7-20

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **6095**

BIRTH NO. **6095**

1. NAME OF DECEASED (Type or Print) JOHN ESSE R			2. DATE OF DEATH 6-29-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto - md 6-07		
D. STREET ADDRESS (If rural, give location) 413 S. Newkirk Street			E. LENGTH OF STAY IN BALTIMORE ? Yrs. Mos. Days		
5. SEX M.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 5-6-94		9. AGE (In years last birthday) 58 56
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steel Worker		10B. KIND OF BUSINESS OR INDUSTRY Beth Steel Co.	11. BIRTHPLACE (State or foreign country) N. Dakota		12. CITIZEN OF WHAT COUNTRY USA
13. FATHER'S NAME ? <i>Steel Mill</i>			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Mae Esmer ADDRESS same		

18. **434.3**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cor Pulmonale**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inquiry + Inspection** and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED **6/29/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24B. DATE **7-2-52**

24C. NAME OF CEMETERY OR CREMATORY **Loured Heart** 24D. LOCATION (City, town, or county) (State) **Balto md**

DATE RECEIVED BY LOCAL REGISTRAR **JUN 30 1952**

REGISTRAR'S SIGNATURE **Huntington Williams, M.D.**

25. FUNERAL DIRECTOR

ADDRESS **4038. Wolfe St**

1934
1934-1935
1934-1935

1934-1935

1934-1935

1934-1935

1934-1935

1934-1935

1934-1935

1934-1935

1934-1935

1934-1935

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 6096
Registered No.

460
52 6096
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Stewart Mann Uhler</i>		2. DATE OF DEATH <i>June 30, 1952</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>Med. Bldg 1</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <i>Pa.</i> b. COUNTY <i>W-35</i>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Allentown</i>	
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) <i>104 N. 8th St.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>2-11-79</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>73</i>
11. BIRTHPLACE (State or foreign country) <i>Pa</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Heiman Uhler</i>		14. MOTHER'S MAIDEN NAME <i>Julia Mann</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

<p>18. <i>465X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p align="center">CAUSE OF DEATH</p> <p>(A) <i>Pulmonary embolus</i> DUE TO</p> <p align="center">ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p align="center">(B)</p> <p align="center">(C)</p> <p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.</p>	<p>INTERVAL BETWEEN ONSET AND DEATH</p>

19A. DATE OF OPERATION <i>2</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *6-18*, 19*52* to *6-30*, 19*52* that I last saw the deceased alive on *6-30*, 19*52* and that death occurred at *12:25* p. m., from the causes and on the date stated above.

23A. SIGNATURE *Dr. B. M. Kenick* M. D. 23B. ADDRESS *JOHNS HOPKINS HOSPITAL* 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) *BURIAL* 24B. DATE *6/30/52* 24C. NAME OF CEMETERY OR CREMATORY *FORKS CHURCH CEM.* 24D. LOCATION (City, town, or county) (State) *FORKS, PENNA*

DATE RECEIVED BY *JUN 30 1952* REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* 25. FUNERAL DIRECTOR *Wm. J. Fickner & Sons* ADDRESS *North Pa. Ave.*

160

52 6097

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6097

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		SOL SHAPIRO		June 30, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3604 Springdale Avenue				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-38	
C. Length of stay in Baltimore 48 yrs.				D. STREET ADDRESS (If rural, give location) 3604 Springdale Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER		8. DATE OF BIRTH 1869	9. AGE (In years last birthday) 85
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor		10B. KIND OF BUSINESS OR INDUSTRY Grocery Store		11. BIRTHPLACE (State or foreign country) Russia	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Meyer Shapiro			
14. MOTHER'S MAIDEN NAME Unknown				15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.				17. INFORMANT ADDRESS Mrs. Minnie Levy- 3604 Springdale Avenue	
18. 421.4 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)					
CAUSE OF DEATH					
(A) Cerebral Embolism -					
DUE TO					
(B) Cardiac Decompensation					
DUE TO					
(C) Chronic Valvular Heart Disease many years					
INTERVAL BETWEEN ONSET AND DEATH					
Sudden					
6 months					
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) no injury	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 10, 1952, to June 30, 1952, that I last saw the deceased alive on June 30, 1952, and that death occurred at 10 a. m., from the causes and on the date stated above.					
23A. SIGNATURE Joseph H. Zierler		23B. ADDRESS 2318 Cedar Place		23C. DATE SIGNED 6/30/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/1/52		24C. NAME OF CEMETERY OR CREMATORY Har Zion, Herring Run	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR Huntington Williams, Michael. Levinson v 1124-26 N. North Avenue			
DATE RECEIVED BY LOCAL REGISTRAR JUL 1 1952		VS 150			

[Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side.]

ENCLOSURE

52 6098

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6098

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Helen Edwards		2. DATE OF DEATH 6/29/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION SINAI Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 20-06	
C. Month of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 530 BRUNSWICK ST.	
5. SEX FEMALE	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 12-16-1899
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY DOMESTIC	
13. FATHER'S NAME GEORGE BLANKLINE		14. MOTHER'S MAIDEN NAME Annie M. Pote	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT William Edwards		ADDRESS 530 BRUNSWICK ST.	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH Coronary		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO			
		(B) DUE TO			
		(C) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 7		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **6/25**, 19**52**, to **6/29**, 19**52**, that I last saw the deceased alive on **6/29**, 19**52**, and that death occurred at **10 A** m., from the causes and on the date stated above.

23A. SIGNATURE James Sato M. D.		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 6/29/52	
--	--	------------------------------------	--	---------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE July 2, 1952		24C. NAME OF CEMETERY OR CREMATORY LONDON PARK		24D. LOCATION (City, town, or county) (State) BALTIMORE, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUL 1 1952		REGISTRAR'S SIGNATURE Huntington Williams, MD		25. FUNERAL DIRECTOR George F. Schwab		ADDRESS 2101 Frederick Ave.	

10520106095
7208A

MEDICAL CERTIFICATION

TO THE SECRETARY OF THE INTERIOR
WASHINGTON, D. C.

FROM THE DIRECTOR OF THE BUREAU OF LAND MANAGEMENT
DENVER, COLORADO

SUBJECT: [Illegible]

DATE: [Illegible]

[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a memorandum or report. Two large black circular marks are visible on the right side of the page.]

324
52 6099BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6099

Registered No.

6-55-P. M.

BIRTH NO.

2. DATE
OF
DEATH

6-29-52

1. NAME OF DECEASED
(Type or Print)

Katherine Weitzel

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

Domestic

13. FATHER'S NAME

Henry Blank

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give year or dates of service)
None16. SOCIAL
SECURITY NO.

None

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

20-02

D. STREET ADDRESS (If rural, give location)

2123 Vine St.

23

8. DATE OF BIRTH

6-7-1877

9. AGE (In years
last birthday)

75 76

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Mary Kaiser

17. INFORMANT

ADDRESS

ALBERT WEITZEL 2123 VINE ST.

18. 442X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic Cardio-renal disease?

(C)

INTERVAL BETWEEN
ONSET AND DEATH

10 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Intestinal obstruction

19A. DATE OF OPERATION

6/17/52

19B. MAJOR FINDINGS OF OPERATION

Adhesive intestinal obstruction

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/17/52 to 6/29/52, 1952, that I last saw the
deceased alive on 6/29/52, 1952, and that death occurred at 6:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert G. Chambers M.D.

23B. ADDRESS

Franklin Square/Hop

23C. DATE SIGNED

6/29/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

7-2-52

24C. NAME OF CEMETERY OR CREMATORY

BALTIMORE CEMETERY

24D. LOCATION (City, town, or county) (State)

BALTIMORE, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

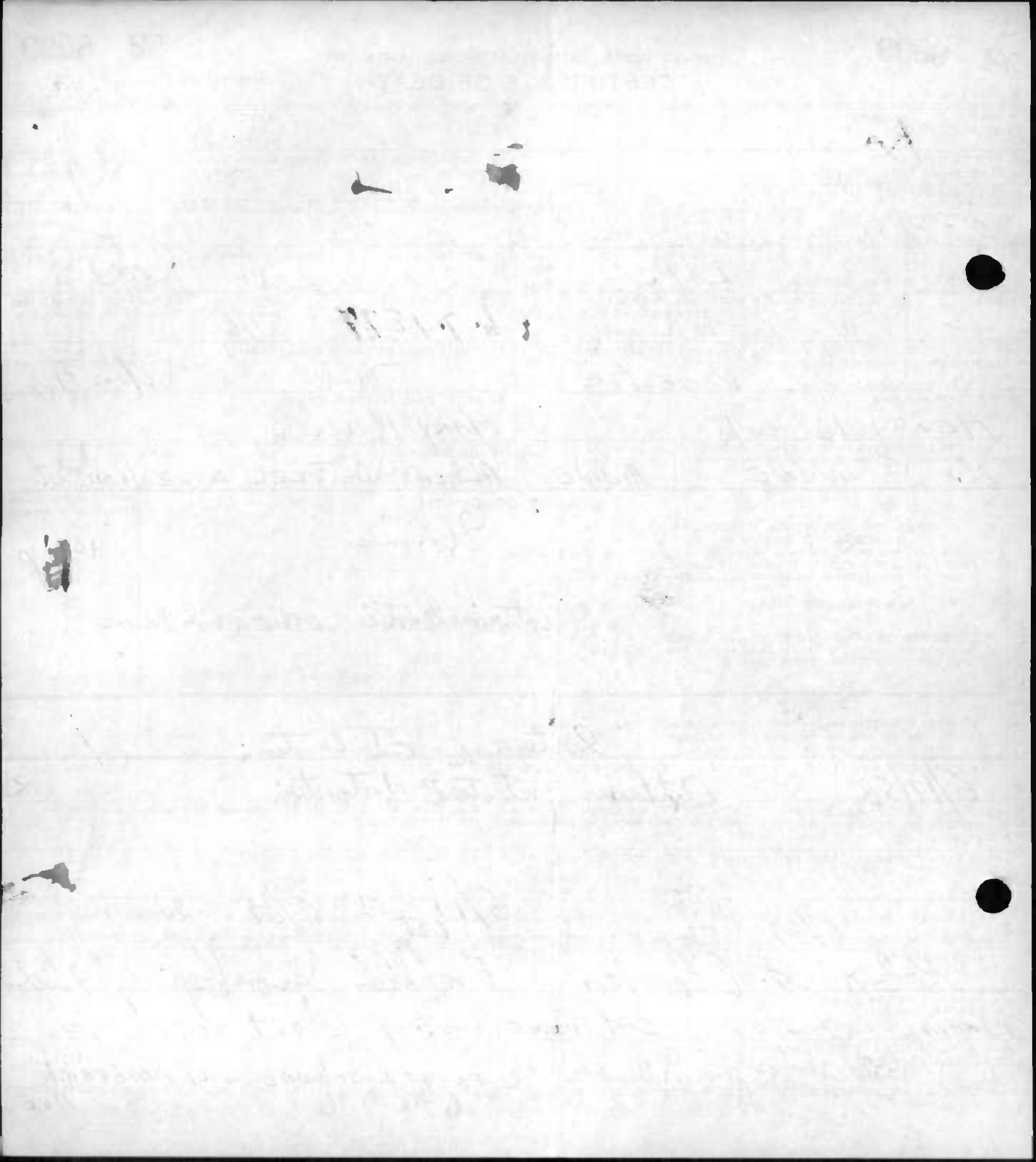
JUL 1 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

GEORGE L. Schwab 2101 Frederick Ave.



52 6100

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6100

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) BUXTON		2. DATE OF DEATH June 27, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-03	
D. LENGTH OF stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 1922 Eutan Place	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 6-5-98
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		9. AGE (In years last birthday) 54	11. BIRTHPLACE (State or foreign country) Halifax Co., N.C.
10B. KIND OF BUSINESS OR INDUSTRY Apt. House		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME Harrison Vaughn		14. MOTHER'S MAIDEN NAME Nora Perry	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		17. INFORMANT ADDRESS Sam Robinson - Littleton, N.C.	
16. SOCIAL SECURITY NO. 213-18-2189			

18. E 902.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Skull fracture DUE TO _____ (B) _____ DUE TO _____ (C) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) _____ DUE TO _____ (B) _____ DUE TO _____ (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		INTERVAL BETWEEN ONSET AND DEATH _____
--	--	---

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) House		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1533 Park Avenue 14-1
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY June 27, 1952 noon m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Fell to ground from third floor window
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE William V. [Signature]		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23C. DATE SIGNED June 27, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7/3/52	24C. NAME OF CEMETERY OR CREMATORY Harris Cemetery		24D. LOCATION (City, town, or county) (State) Littleton, N.C.
DATE RECEIVED BY LOCAL REGISTRAR JUL 1 1952		REGISTRAR'S SIGNATURE H. E. [Signature]		25. FUNERAL DIRECTOR ADDRESS 802 Madison Ave

V S 151

N 803.2

77074

MEDICAL CERTIFICATION



52 6101

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6101
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN VICTOR

2. DATE
OF
DEATH

6-28-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

679 Washington Blvd

B. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

Removed to University Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

637 W Lombard St

Baltimore Md

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

40

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1889

9. AGE (In years last birthday)

63

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cook

10B. KIND OF BUSINESS OR INDUSTRY

Hotels -

11. BIRTHPLACE (State or foreign country)

Lithuanian

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Albert Victor

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mrs Mary Victor 315 S. Augusta Ave

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

6/28/52

2 wks

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/18, 1952, to 6/28, 1952, that I last saw the deceased alive on 6/28, 1952, and that death occurred at 10:00 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

24E. REGISTRAR'S SIGNATURE

24F. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, Md

Charles W Pachanski 703 McHenry St

DATE RECEIVED BY LOCAL REGISTRAR

JUL 1 1952

VS 150

109 5 2754 8/3 0 9 0

MEDICAL CERTIFICATION

1010-5

1010-5

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1010-5

1010-5

1010-5

1010-5

52 6102

BALTIMORE CITY HEALTH DEPARTMENT

52 6102

BIRTH NO.

52-04395

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED
(Type or Print)

Phyllis

Harvey

2. DATE
OF
DEATH

JUN 30 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S.

8. DATE OF BIRTH

2-22-52

9. AGE (in years
last birthday)

44 8

If Under 1 Year
Months: Days

44 8

If Under 24 Hours
Hours: Min.

44 8

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Irwin Harvey

14. MOTHER'S MAIDEN NAME

Thelma

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 754.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ...

DUE TO

Aspiration Pneumonia
Congenital Heart Disease
Patent Ductus Arteriosus
Mongolism

(B) ...

DUE TO

(C) ...

INTERVAL BETWEEN
ONSET AND DEATH

6 hrs

4 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Mongolism

4 months

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 6-27-1952 to 6-30-1952 that I last saw the deceased alive on 6-30-1952, and that death occurred at 12:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

M. L. Scott

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6-30-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

July 2, 1952

24C. NAME OF CEMETERY OR CREMATORY

Long Green Md.

24D. LOCATION (City, town, or county)

Long Green Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

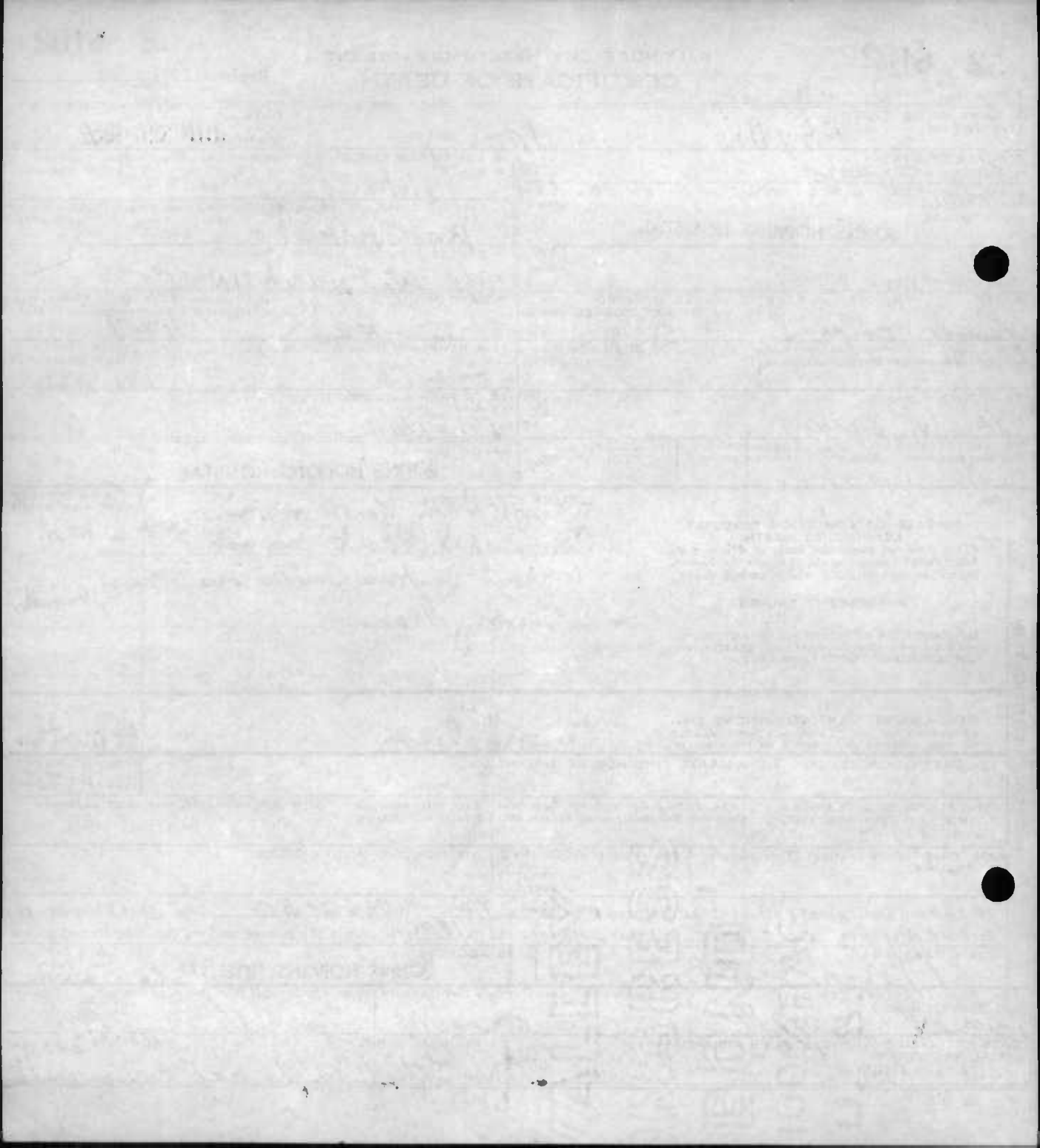
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

322 N. Schenck St.



12
52 6103BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6103

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) IDA THOMPSON		2. DATE OF DEATH June 28, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 16-01	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1132 Lafayette Avenue		Yrs. Mos. Days	
5. SEX Female		6. COLOR OR RACE Colored	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Jan. 2, 1916	
9. AGE (In years last birthday) 36		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk	
11. BIRTHPLACE (State or foreign country) Eastern Shore Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Edward Waters		14. MOTHER'S MAIDEN NAME Lelia Carroll	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Lelia Waters		ADDRESS ✓	

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Pulmonary Tuberculosis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

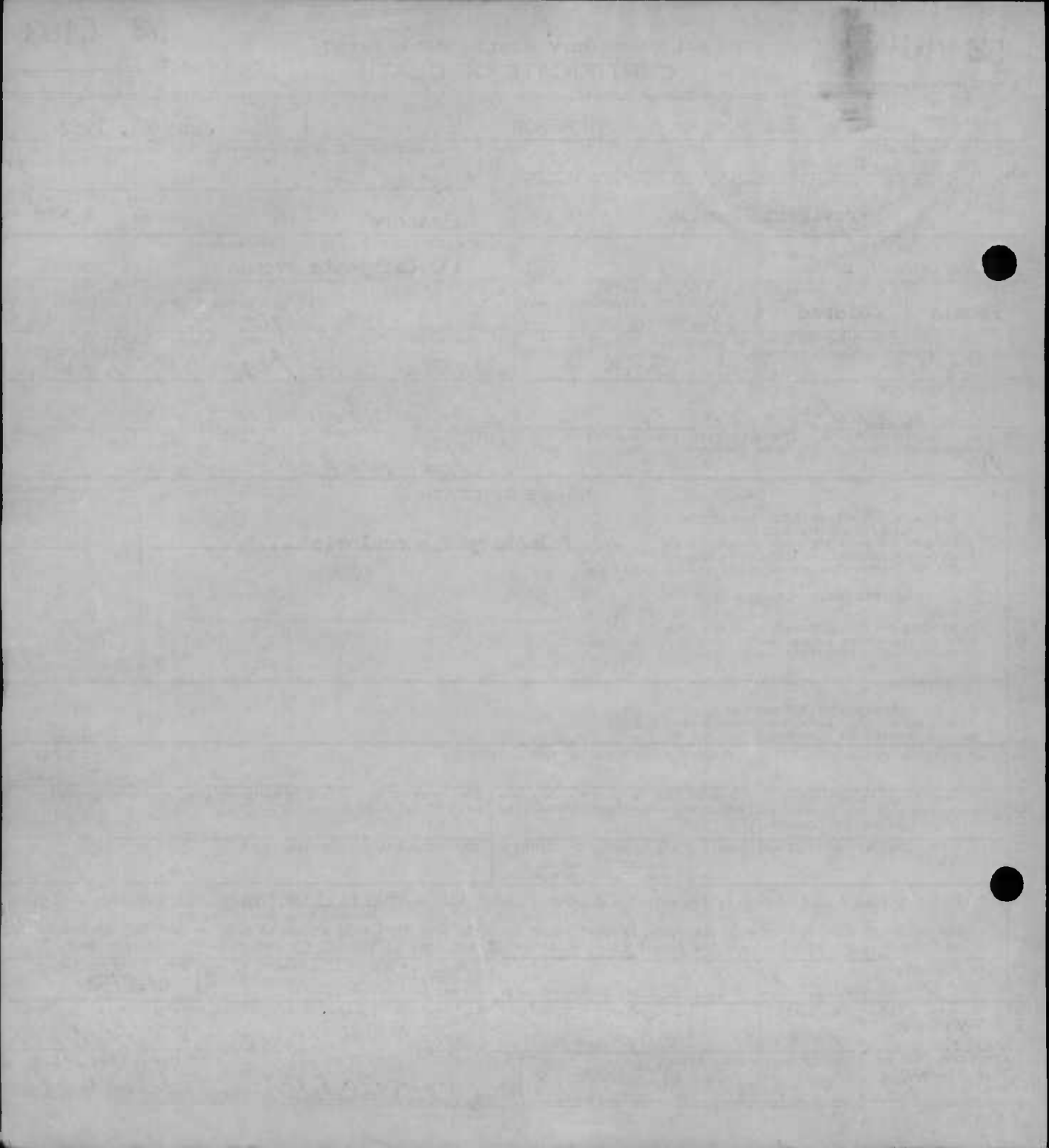
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **partial autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, **accident** ☐, **suicide** ☐, **homicide** ☐, **undetermined** ☐.

23A. SIGNATURE Stanley K. Neulacher M.D.		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/>		23C. DATE SIGNED 6/28/52	
---	--	--	--	---------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/2/1952		24C. NAME OF CEMETERY OR CREMATORY Fairmount Md.		24D. LOCATION (City, town, or county) (State) Fairmount Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUL 1 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Mrs. Katie R. Williams		ADDRESS 322 N. Schweders	



52 6104

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

52 6104

BIRTH NO. 52-02649

1. NAME OF DECEASED
(Type or Print)

Anthony Washington

2. DATE
OF
DEATH

June 29, 1952

3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male Colored

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

2-1-1952

9. AGE (In years
last birthday)10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Blue

14. MOTHER'S MAIDEN NAME

Helen Washington

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

INTERVAL BETWEEN
ONSET AND DEATH

4 months

18. 587.2 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cryptic Fibrosis of Pancreas

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE. (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-19-1952 to 6-29-1952, that I last saw the
deceased alive on 6-29-1952 and that death occurred at 8:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Marion Lott

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6-29-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

VS 150

JUL 1 1952

10520006101

Huntington Williams, M.D.

McKatie R. Williams

Schroeder St

322 N.

1. Name of deceased: *John J. Smith*
2. Sex: *Male*
3. Age: *45*
4. Date of birth: *Jan 15, 1874*
5. Place of birth: *New York City*
6. Usual residence: *123 Main St, New York City*
7. Cause of death: *Heart Disease*
8. Date of death: *Nov 10, 1919*
9. Place of death: *Home*
10. Signature of physician: *J. H. Jones*
11. Signature of coroner: *W. H. Brown*
12. Signature of registrar: *M. A. White*

John J. Smith

13. Date of filing: *Nov 15, 1919*
14. Registrar's signature: *M. A. White*
15. Coroner's signature: *W. H. Brown*
16. Physician's signature: *J. H. Jones*

200
52 6105BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6105
Registered No.VMC-160309
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Bertha Boggs		2. DATE OF DEATH 6-28-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
5. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		6. STREET ADDRESS (If rural, give location) 715 W. Lafayette Ave. Zone 17	
7. LENGTH OF STAY IN BALTIMORE 10 yrs.		8. DATE OF BIRTH Aug. 25, 1890	
9. SEX F		10. AGE (In years last birthday) 61	
11. COLOR OR RACE N		12. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
13. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife		14. KIND OF BUSINESS OR INDUSTRY	
15. FATHER'S NAME Ralph Coleson (D)n		16. MOTHER'S MAIDEN NAME Alice ? (D)	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		18. SOCIAL SECURITY NO.	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		20. INFORMANT ADDRESS B. C. H. Records, 4940 Eastern Ave.	
21. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Lentle heart disease C Aortic insufficiency, Aortic Aneurysm		22. INTERVAL BETWEEN ONSET AND DEATH years	
23. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Atelectasis, L U L		24. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
25. DATE OF OPERATION 022X		26. MAJOR FINDINGS OF OPERATION	
27. DATE OF OPERATION 0		28. MAJOR FINDINGS OF OPERATION	
29. DATE OF OPERATION 0		30. MAJOR FINDINGS OF OPERATION	
31. DATE OF OPERATION 0		32. MAJOR FINDINGS OF OPERATION	
33. DATE OF OPERATION 0		34. MAJOR FINDINGS OF OPERATION	
35. DATE OF OPERATION 0		36. MAJOR FINDINGS OF OPERATION	
37. DATE OF OPERATION 0		38. MAJOR FINDINGS OF OPERATION	
39. DATE OF OPERATION 0		40. MAJOR FINDINGS OF OPERATION	
41. DATE OF OPERATION 0		42. MAJOR FINDINGS OF OPERATION	
43. DATE OF OPERATION 0		44. MAJOR FINDINGS OF OPERATION	
45. DATE OF OPERATION 0		46. MAJOR FINDINGS OF OPERATION	
47. DATE OF OPERATION 0		48. MAJOR FINDINGS OF OPERATION	
49. DATE OF OPERATION 0		50. MAJOR FINDINGS OF OPERATION	
51. DATE OF OPERATION 0		52. MAJOR FINDINGS OF OPERATION	
53. DATE OF OPERATION 0		54. MAJOR FINDINGS OF OPERATION	
55. DATE OF OPERATION 0		56. MAJOR FINDINGS OF OPERATION	
57. DATE OF OPERATION 0		58. MAJOR FINDINGS OF OPERATION	
59. DATE OF OPERATION 0		60. MAJOR FINDINGS OF OPERATION	
61. DATE OF OPERATION 0		62. MAJOR FINDINGS OF OPERATION	
63. DATE OF OPERATION 0		64. MAJOR FINDINGS OF OPERATION	
65. DATE OF OPERATION 0		66. MAJOR FINDINGS OF OPERATION	
67. DATE OF OPERATION 0		68. MAJOR FINDINGS OF OPERATION	
69. DATE OF OPERATION 0		70. MAJOR FINDINGS OF OPERATION	
71. DATE OF OPERATION 0		72. MAJOR FINDINGS OF OPERATION	
73. DATE OF OPERATION 0		74. MAJOR FINDINGS OF OPERATION	
75. DATE OF OPERATION 0		76. MAJOR FINDINGS OF OPERATION	
77. DATE OF OPERATION 0		78. MAJOR FINDINGS OF OPERATION	
79. DATE OF OPERATION 0		80. MAJOR FINDINGS OF OPERATION	
81. DATE OF OPERATION 0		82. MAJOR FINDINGS OF OPERATION	
83. DATE OF OPERATION 0		84. MAJOR FINDINGS OF OPERATION	
85. DATE OF OPERATION 0		86. MAJOR FINDINGS OF OPERATION	
87. DATE OF OPERATION 0		88. MAJOR FINDINGS OF OPERATION	
89. DATE OF OPERATION 0		90. MAJOR FINDINGS OF OPERATION	
91. DATE OF OPERATION 0		92. MAJOR FINDINGS OF OPERATION	
93. DATE OF OPERATION 0		94. MAJOR FINDINGS OF OPERATION	
95. DATE OF OPERATION 0		96. MAJOR FINDINGS OF OPERATION	
97. DATE OF OPERATION 0		98. MAJOR FINDINGS OF OPERATION	
99. DATE OF OPERATION 0		100. MAJOR FINDINGS OF OPERATION	

22. I hereby certify that I attended the deceased from **6-20-1952** to **6-28-1952**, that I last saw the deceased alive on **6-28-1952**, and that death occurred at **12:10 A.M.**, from the causes and on the date stated above.23A. SIGNATURE **B. C. H. Records** M.D. 23B. ADDRESS **4940 Eastern Ave.** 23C. DATE SIGNED **6-29-52**24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **7/2/52** 24C. NAME OF CEMETERY OR CREMATORY **Green Hill** 24D. LOCATION (City, town, or county) (State) **MD**
DATE RECEIVED BY LOCAL REGISTRAR **JUL 1 1952** REGISTRAR'S SIGNATURE **Wm. H. Williams** 25. FUNERAL DIRECTOR **Miss Kate Williams** ADDRESS **3221**

Home, Mass.

100-100000

100-100000

100-100000

100-100000

(1)

Col. (1)

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

100-100000

52 6106

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6106
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLIE BARRETT

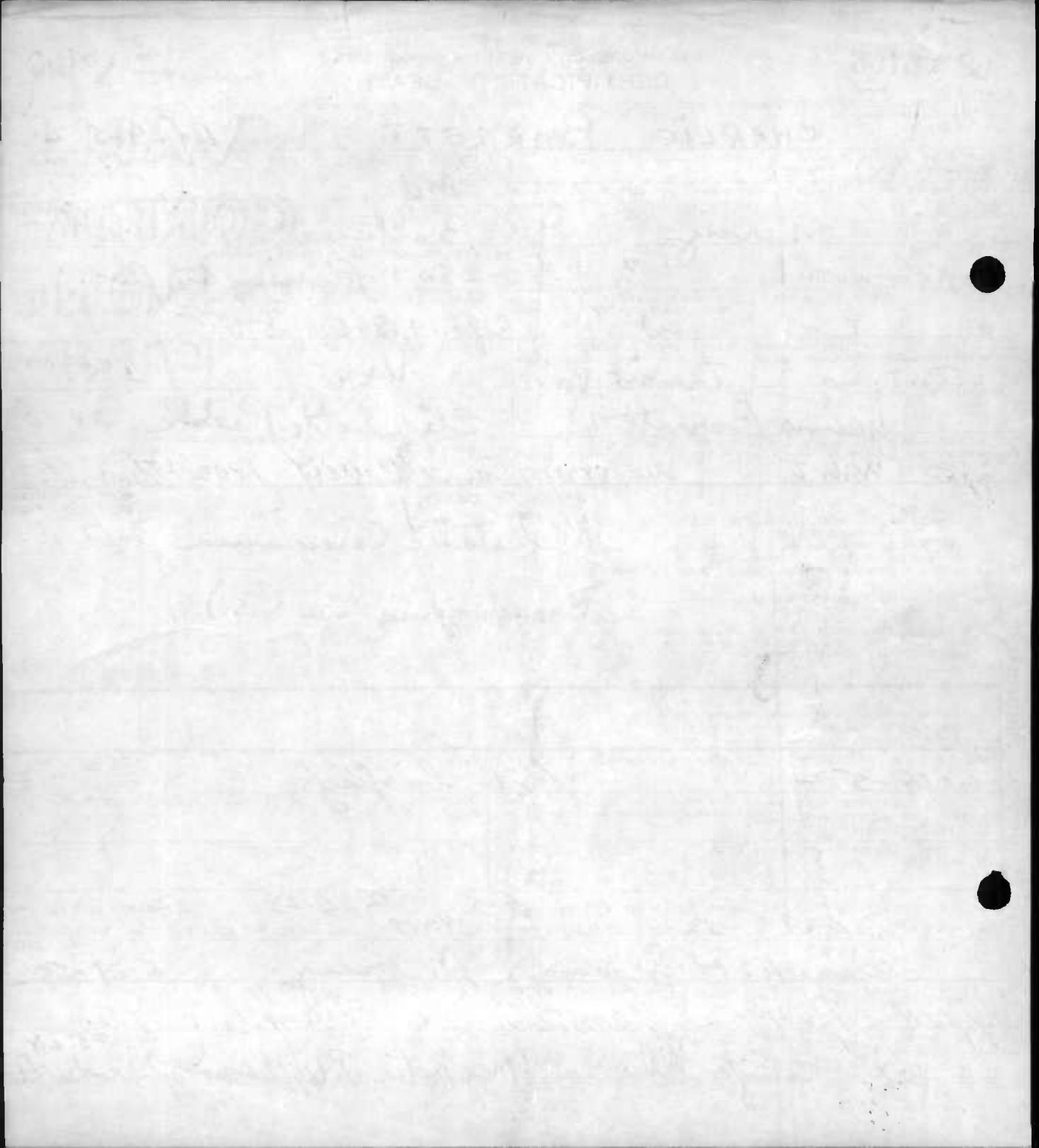
2. DATE
OF DEATH

6-29-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION



260

52 6107

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6107

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JANKEH HECKER

2. DATE
OF
DEATH

6-30-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4613 Park Hgts

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

4613 Park Heights Ave

B. FULL NAME OF HOSPITAL OR INSTITUTION

Mt Sinai Home

C. Length of stay in Baltimore

48

Yrs.
Mees.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

7-20

9. AGE (In years last birthday)

45

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Butcher

10B. KIND OF BUSINESS OR INDUSTRY

Single

11. BIRTHPLACE (State or foreign country)

Austria

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Abraham

14. MOTHER'S MAIDEN NAME

Munda

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Harry Polakoff 3902 Luskweg Rd

ADDRESS

18. 422.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

1 Day

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 29, 1952, to June 29, 1952, that I last saw the deceased alive on June 29, 1952, and that death occurred at 3:10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Sidney D. Levy

M. D.

23B. ADDRESS

2322 Eastern Pl

23C. DATE SIGNED

6/30/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7-1-52

24C. NAME OF CEMETERY OR CREMATORY

Huntington Hill

24D. LOCATION (City, town, or county)

Balto

(State)

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

2500 Eastern Pl

ADDRESS

VS 150

6326A

MEDICAL CERTIFICATION

J Levy
2322 Entals Pl
La 4485
12 15

512
52 6108BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6108

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>William L. Thompson</i>		2. DATE OF DEATH <i>6/29/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>1138 Washington Blvd.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 21-02</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>1138 Washington Blvd</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>11/5/1872</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Fireman</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Fireman 60.</i>	9. AGE (In years last birthday) <i>79</i>
11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>James J. Thompson</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <i>-</i>		16. SOCIAL SECURITY NO. <i>-</i>	
17. INFORMANT <i>Mrs Mary V. Thompson</i>		ADDRESS <i>1138 Washington Blvd.</i>	

18. <i>422.1</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	(A) <i>Arteriosclerotic Cardiovascular Disease</i>	<i>54 yrs</i>
ANTECEDENT CAUSES	(B)	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *JAN 1949* to *6/29, 1952* that I last saw the deceased alive on *6/28, 1952* and that death occurred at *11:30* m., from the causes and on the date stated above.23A. SIGNATURE *John E. Church* M. D. 23B. ADDRESS *3629 Edmondson Ave* 23C. DATE SIGNED *6/30/52*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>7/4/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Redeemer Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>4430 Belair Rd. Baltimore, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 1 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>John J. Towan</i>	ADDRESS <i>3401 St. Johns</i>

810 80

RECEIVED 11/11/51

8-10-51



810

400

52 6109

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6109

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Ella M. Kelly		2. DATE OF DEATH 6/29/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY 18-03	
5. FULL NAME OF HOSPITAL OR INSTITUTION 1042 W. Lombard St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
6. LENGTH OF STAY IN BALTIMORE Life		D. STREET ADDRESS (If rural, give location) 1042 W. Lombard St.	
5. SEX Female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	B. DATE OF BIRTH 10/15/1881
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work		10B. KIND OF BUSINESS OR INDUSTRY at Home	9. AGE (In years last birthday) 70
13. FATHER'S NAME Andrew M. Whalen		11. BIRTHPLACE (State or foreign country) Baltimore	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		12. CITIZEN OF WHAT COUNTRY? U.S.A	
16. SOCIAL SECURITY NO. -		14. MOTHER'S MAIDEN NAME Mary French	
17. INFORMANT Mr Frank Kelly		ADDRESS 1042 W. Lombard St.	

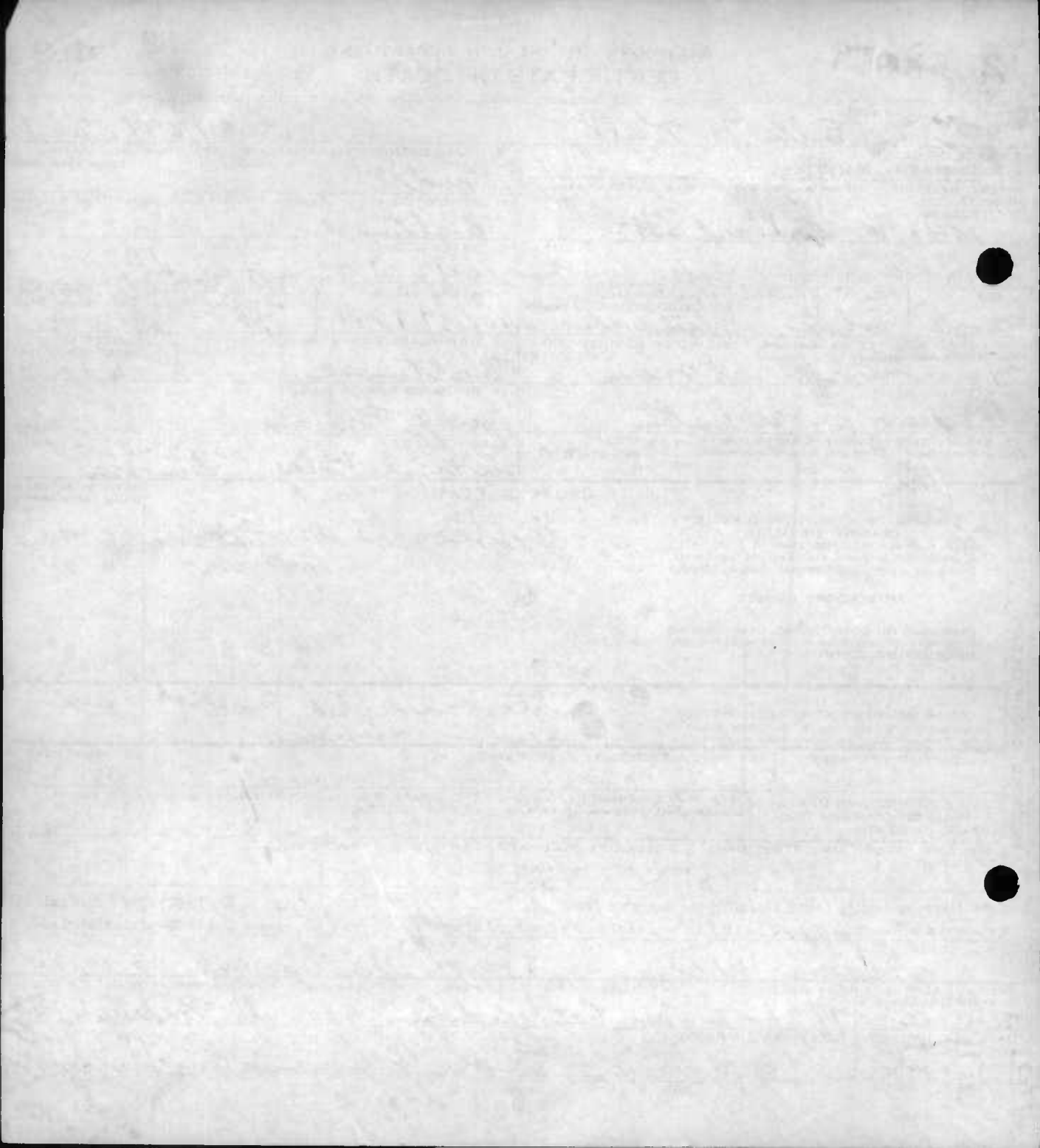
18. 723.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 8 steoarthritis	CAUSE OF DEATH (A) 8 steoarthritis DUE TO (B) ca DUE TO (C) arterio-sclerotic cardiac vascular disease	INTERVAL BETWEEN ONSET AND DEATH 6 months
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.		2 yrs

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 6/25 , 19 52 , to 6/30 , 19 52 , that I last saw the deceased alive on 6/29 , 19 52 , and that death occurred at 4:45 m., from the causes and on the date stated above.				
23A. SIGNATURE Bernard Miller		23B. ADDRESS 2030 Wilkens ave		23C. DATE SIGNED 6/30/52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7/2/52	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	24D. LOCATION (City, town, or county) (State) 4300 Old Frederick Rd. 981
DATE RECEIVED BY LOCAL REGISTRAR JUL 1 1952		25. FUNERAL DIRECTOR John J. Cowan & Son	

VS 150

MEDICAL CERTIFICATION



52 6110

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6110
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MAXEY

OSBORNE

2. DATE
OF
DEATH

June 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

818 N. Dorn Street Durham St

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

4-3-1895

9. AGE (In years
last birthday)

57

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

S.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Milton Osborne

14. MOTHER'S MAIDEN NAME

Delia Osborne

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes World War #1 216-02-3861

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Elizabeth Livingston 8204 Durham St

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Fatty Liver

DUE TO Chronic Alcoholism

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

m.

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley B. Quinlan M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

6/28/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 1 1952

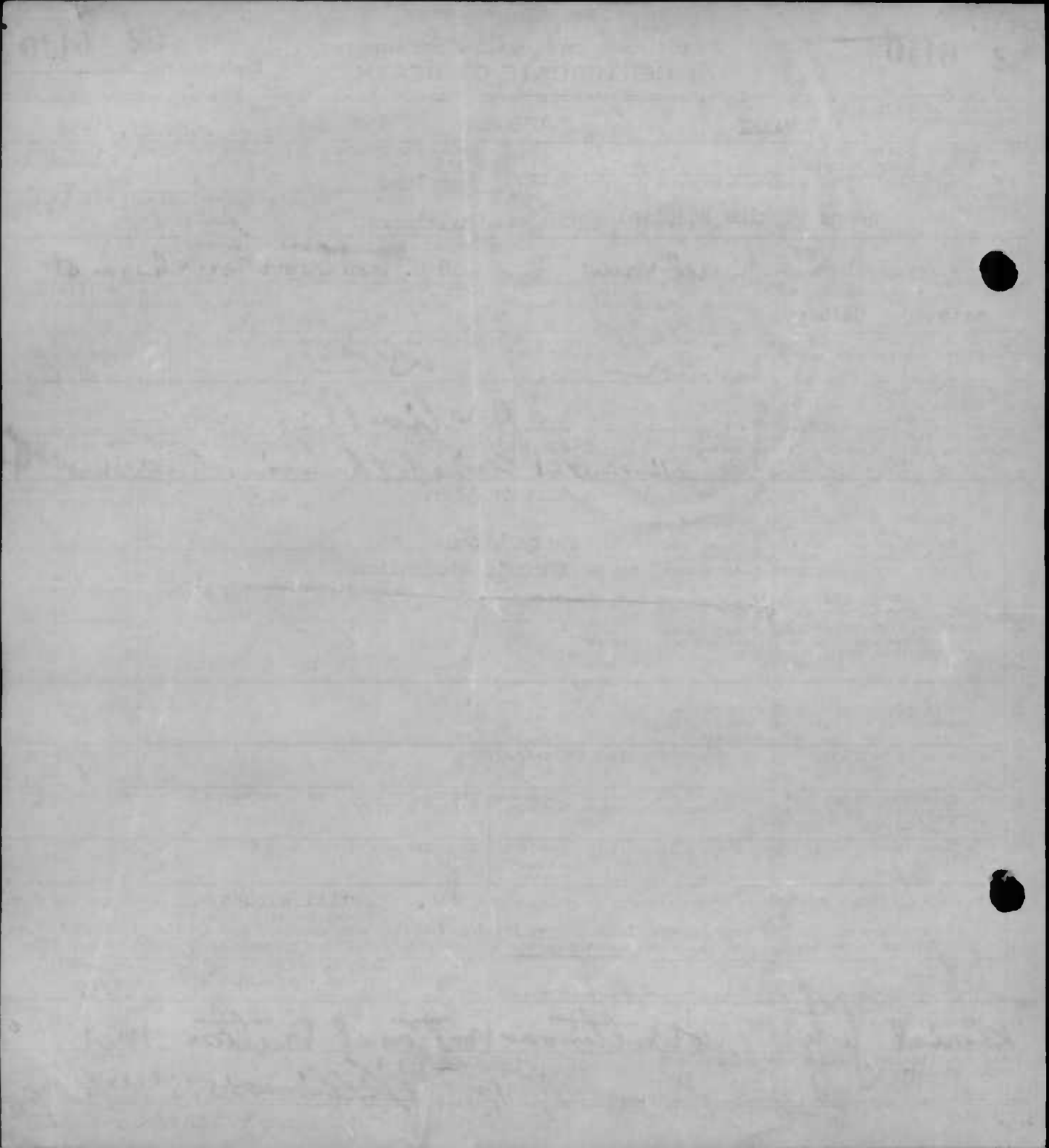
Burial July 2, 1952 Baltimore National Balto. Ind

Huntington Williams

Huntington Williams 1515 M.E. Ave

97099

Rudolph J. Collick 1412 E. Preston St



52 6111

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6111

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emma Schmidt

2. DATE

OF

DEATH June 29, 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

619 N. Lakewood Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

619 N. Lakewood Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

July 14, 1880

9. AGE (in years last birthday)

71

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Theodore Findling

14. MOTHER'S MAIDEN NAME

Barbara Goode

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Theo. Schmidt 619 N. Lakewood Av

18. 420.1 and 260x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) CORONARY THROMBOSIS

DUE TO

6 Hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) HYPERTENSIVE C.V. DISEASE

DUE TO

10 YEARS

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

DIABETES MELLITUS

10 YEARS

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan - 1946 to June 29, 1952, that I last saw the deceased alive on June 29, 1952, and that death occurred at 5:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

July 1, 1952 Loraine Cem

Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 1 1952

Huntington Williams, M.D.

Paul A. Heermann 6067 Harford Rd.

Dr. Benj. Moses
Luzerne Ave.

Dr. Benj. Moses
Luzerne Ave.
1917

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6112

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROBERT A. LAW

2. DATE
OF
DEATH

June 27, 1952.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 819 S. Dean St.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Life

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 18, 1877

9. AGE (In years
last birthday)

74

11 Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Standard Oil Co.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Law

14. MOTHER'S MAIDEN NAME

Catherine Heinlein

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Margaret R. Law 819 S. Dean St.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Arteriosclerotic Cardiovascular Disease 4 yrs
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK22. I hereby certify that I attended the deceased from July 1949 to June 1952, that I last saw the
deceased alive on June 27, 1952, and that death occurred at 12:35 P.M. from the causes and on the date stated above.

23A. SIGNATURE

Clarena W. LeDoux

23B. ADDRESS

3023 Eastern Ave

23C. DATE SIGNED

7/1/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

July 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel Cemetery

24D. LOCATION (City, town, or county) (State)

5712 O'Donnell St. Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 1 1952

Huntington Williams, M.D. Charles S. Seiler

901 S. Conkling St.

1913

CERTIFICATE OF DEATH

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52 6113

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6113

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Bon Secours Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female White

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Ass't Buyer

10B. KIND OF BUSINESS OR INDUSTRY

Dept Store

13. FATHER'S NAME

WILLIAM E. CAMPBELL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, on or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

K13-09-4177

2. DATE OF DEATH June 30, 1952

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

19-04

D. STREET ADDRESS (If rural, give location)

1707 Cole St.

8. DATE OF BIRTH

Aug. 23 - 1892

9. AGE (in years last birthday)

59

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

DUNLO PENNA

12. CITIZEN OF WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

ELLEN KILEY

17. INFORMANT

Daniel Ricktor

ADDRESS

1707 Cole St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Failure

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Myocardial Infarction

DUE TO

(C) Coronary Occlusion

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 6-30, 1952 and that death occurred at 2 4 m., from the causes and on the date stated above.

23A. SIGNATURE

James R. Shallice

M. D.

23B. ADDRESS

Bon Secours Hospital

23C. DATE SIGNED

6/30/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

7-3-52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

John C. B. M. Walters

ADDRESS

2006 Pratt & Stricker St.

NOT A MEDICAL EXAMINER'S CASE

William L. Smith M.D.
CHIEF OR ASST. MEDICAL EXAMINER

530

52 6114

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6114

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) NANNIE BENNETT			2. DATE OF DEATH 6-28-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OR (If not in hospital or institution, give street address or location) Univ. Hosp., Balto., Md.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 4-02		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 616 W. Saratoga St.		
5. SEX F	6. COLOR OR RACE C	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED, DIVORCED (Specify) Married	B. DATE OF BIRTH 7-7-1901		9. AGE (In years last birthday) 51
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Eastern, Md.
13. FATHER'S NAME Elc Pritchitt			12. CITIZEN OF WHAT COUNTRY? U. S. C.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT Thomas Bennett - Saratoga St.

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CEREBRO-VASCULAR Acc.		INTERVAL BETWEEN ONSET AND DEATH
DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. HYPERTENSIVE CVD.		
DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

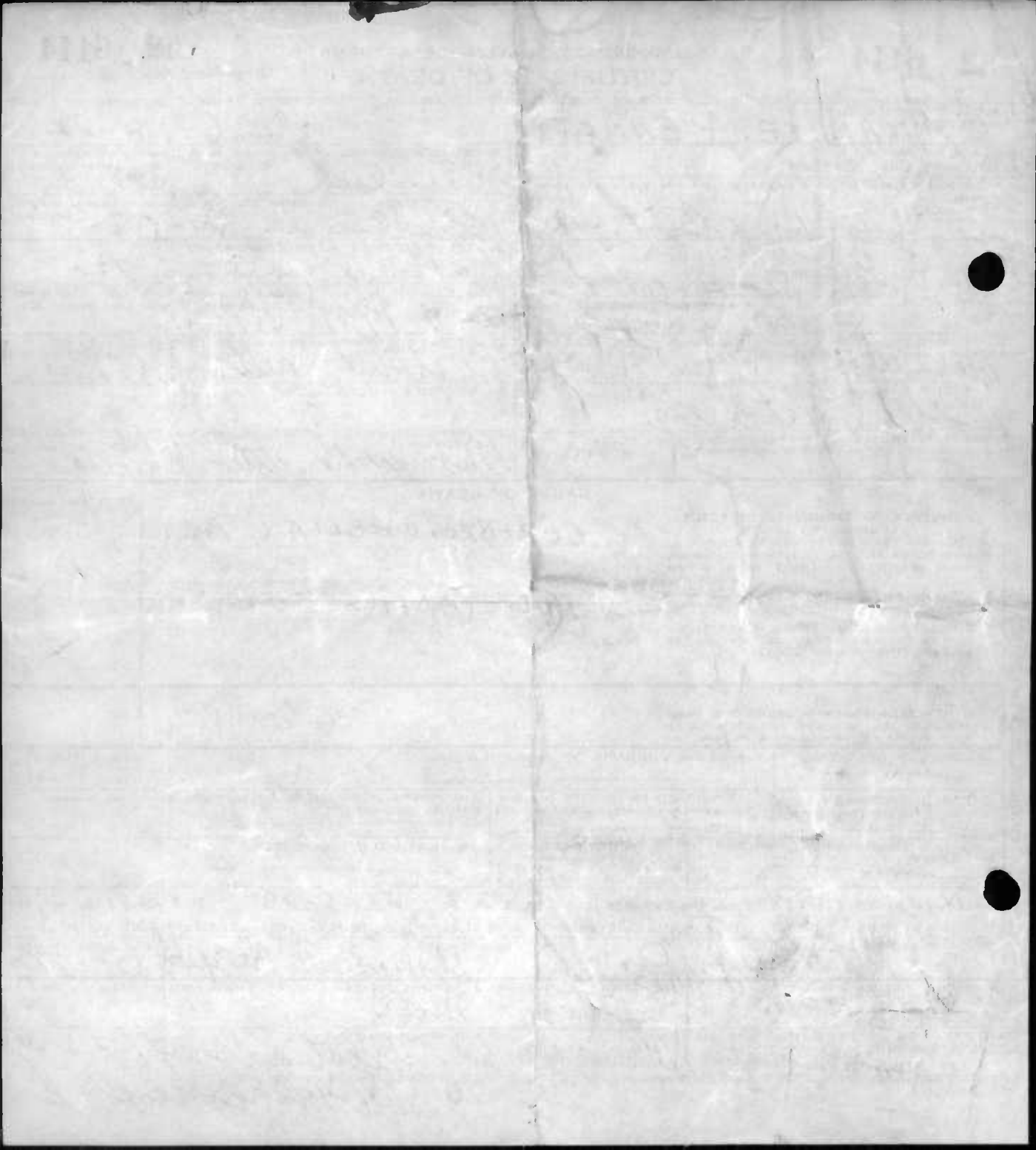
22. I hereby certify that I attended the deceased from **6-28, 1952** to **6-28, 1952** that I last saw the deceased alive on **6-28, 1952** and that death occurred at **6:22 p.m.** from the causes and on the date stated above.

23A. SIGNATURE H. J. Kewer, Jr. M. D.		23B. ADDRESS University Hospital		23C. DATE SIGNED 6-28-52	
--	--	---	--	---------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7-7-52		24C. NAME OF CEMETERY OR CREMATORY Eastern Md.		24D. LOCATION (City, town, or county) (State)	
--	--	-------------------------	--	---	--	---	--

DATE RECEIVED BY LOCAL REGISTRAR JUL 1 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR A. Halstead - 918 -		ADDRESS Remind Hill Ave	
---	--	---	--	--	--	-----------------------------------	--

MEDICAL CERTIFICATION



450

52 6115

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6115
Registered No.

1. NAME OF DECEASED (Type or Print) Blanch Allen		2. DATE OF DEATH JUN 30 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN, (If outside corporate limits, write RURAL and give township) BALTIMORE 16-02	
C. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 913 Parrish St.	
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 2-7-1896
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DOMESTIC.		9B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 56
10. CITIZEN OF WHAT COUNTRY?		11. BIRTHPLACE (State or foreign country) BALTIMORE Md.	
12. FATHER'S NAME FRANK CHASE Md		13. MOTHER'S MAIDEN NAME ELIZA SMITH. Md.	
14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		15. SOCIAL SECURITY NO.	
16. ADDRESS JOHNS HOPKINS HOSPITAL		17. INFORMANT	

18. 174X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Metastatic Sarcoma, lungs, abdomen.		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Sarcoma of Uterus		2 years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **6-29-**, 1952 to **6-30-**, 1952 that I last saw the deceased alive on **6-30-**, 1952 and that death occurred at **m.**, from the causes and on the date stated above.

23A. SIGNATURE Huntington Williams, M.D.		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 6/30/52
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 7-3-52	24C. NAME OF CEMETERY OR CREMATORY ARBUTUS MEM PARK	24D. LOCATION (City, town, or county) (State) BALTIMORE Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUL 1 1952		25. FUNERAL DIRECTOR WILLIAM A JACKSON ADDRESS 916 PENNA. AVE.		

VS 150

720FA

MEDICAL CERTIFICATION

200
52 6116BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6116
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Cox, George R.

2. DATE
OF
DEATH

6/27/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Church Home & Hospital

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Asst. Supervisor.

10B. KIND OF BUSINESS OR
INDUSTRY

Bus & Electric

13. FATHER'S NAME

Cox, Oliver

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

Feb 24, 1907

9. AGE (In years
last birthday)

45

11 Under 1 Year
Month: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Werner, Sarah

17. INFORMANT

ADDRESS

Cox, Margaret R. 1218 W. Cold Spring Lane

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES -

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

~~Arterio-sclerotic Heart Disease~~
myocardial infarction
Coronary ThrombosisII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/27/52, 19, to 6/27/52, 19, that I last saw the
deceased alive on 6/27/52, 19, and that death occurred at 11:55 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 1 1952
VS 150

Huntington Williams, M.D. Paul C. Phenax, Jr. 3615-11 Chestnut Ave.

2905E

The following is a list of the names of the persons who have been
 named in the report of the committee on the subject of the
 proposed amendment to the constitution of the State of New York.
 The names are arranged in alphabetical order of the surnames.
 The names of the persons who have been named in the report of the
 committee on the subject of the proposed amendment to the constitution
 of the State of New York are as follows:

63
52 6117BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6117

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN J. MACKERETH

2. DATE
OF
DEATH

6/30/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Adelphi Nursing Home

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

13-06

D. STREET ADDRESS (If rural, give location)

851 Powers St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 31, 1868

9. AGE (in years
last birthday)

84

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Stationary Engineer

10B. KIND OF BUSINESS OR
INDUSTRY

Summit Bros

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

John J. Mackereth Sr. 851 Powers St.

18. 420.0

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH10
15 yearsII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1944, to June 30, 1952, that I last saw the
deceased alive on June 29, 1952, and that death occurred at 6:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Leonard Wallenstein M.D.

23B. ADDRESS

878 W 36 St

23C. DATE SIGNED

6/3/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

24C. NAME OF CEMETERY OR CREMATORY

Summit Ridge

24D. LOCATION (City, town, or county)

Pikesville Md.

(State)

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams

Paul C. Schenck 3615-17 Chestnut Ave

VS 150

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

NAME OF DECEASED

AGE

SEX

RACE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

NAME OF MINISTER

NAME OF CLERGYMAN

NAME OF FUNERAL HOME

NAME OF UNDERTAKER

NAME OF CEMETERY

NAME OF INTERVIEWER

NAME OF WITNESS

NAME OF SIGNER

52 6118
RZK- 160584BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 6118

BIRTH NO.

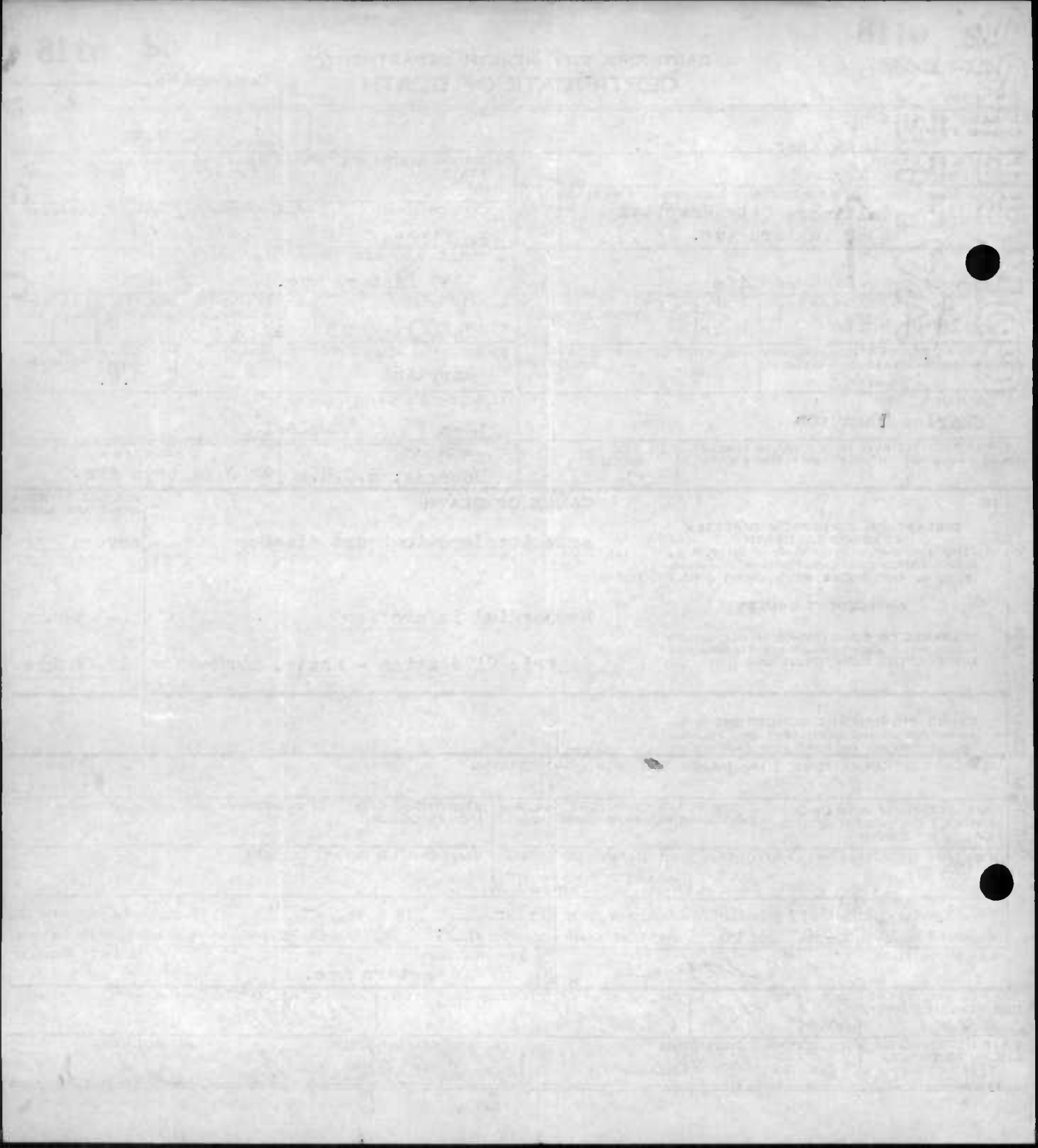
1. NAME OF DECEASED (Type or Print) Lena Eser		2. DATE OF DEATH 6-30-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospital 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 3137 Eastern Ave.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 24/98
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10B. KIND OF BUSINESS OR INDUSTRY none	
13. FATHER'S NAME Charles Thompson		14. MOTHER'S MAIDEN NAME Lena ? Schmidt	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) none		16. SOCIAL SECURITY NO. none	
17. INFORMANT Records: B.C.H.		ADDRESS 4940 Eastern Ave.	

18. 42010 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic heart disease DUE TO (A) Arteriosclerotic heart disease INTERVAL BETWEEN ONSET AND DEATH several yrs.	18. 42010 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial infarction DUE TO (B) Myocardial infarction INTERVAL BETWEEN ONSET AND DEATH 2-3 years
18. 42010 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Gastric dilatation - acute, marked DUE TO (C) Gastric dilatation - acute, marked INTERVAL BETWEEN ONSET AND DEATH 12-24 hrs.	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-29-1952 , to 6-30-1952 , that I last saw the deceased alive on 6-30-1952 , and that death occurred at 5:40 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE J.S. Clozen		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE July 2/52	24C. NAME OF CEMETERY OR CREMATORY Cedar Lawn	24D. LOCATION (City, town, or county) (State) Baltimore
DATE RECEIVED BY LOCAL REGISTRAR JUL 1 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
FUNERAL DIRECTOR Philip's Funeral Home		ADDRESS 2024 Orleans St	



52 6119

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52

6119

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN

A.

IMHOOF

2. DATE
OF
DEATH

June 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5624 Mattfeldt Avenue

C. Length of stay in Baltimore

50 years

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 2, 1885

9. AGE (In years
last birthday)

67

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Grocer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U S A

13. FATHER'S NAME

George Imhoof

14. MOTHER'S MAIDEN NAME

Matilda Cramblett

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
220-30-7108

17. INFORMANT

ADDRESS

Ave.

Mrs. Josephine A. Imhoof 5624 Mattfeldt

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

6/30/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

July 3, 1952

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burgee Funeral Home

3631 Falls Road

PL 113-98

8/16/98

U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

Case No. 100-456789

Date

Page 1 of 1

Subject

John Doe, et al.

Re: [illegible]

From: [illegible]

To:

Mr. [illegible]

Mr. [illegible]

Mr. [illegible]

Mr. [illegible]

cc: Mr. [illegible]

cc: Mr. [illegible]

Enclosure

Enclosure

Very truly yours,

[illegible]

cc: [illegible]

Very truly yours,

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

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[illegible]

160

52 6120

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6120

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mary E. Piper			2. DATE OF DEATH 6. 30. 52.		
3. PLACE OF DEATH: a. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore		
b. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			d. STREET ADDRESS (If rural, give location) 3951 Roland Avenue		
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 8-1915		9. AGE (in years last birthday) 36
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME James C. Baker			14. MOTHER'S MAIDEN NAME Nellie P. Shipley		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO.	17. INFORMANT Sterling L. Piper ADDRESS 3951 Roland Ave.		

18. 416x I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH C. V. A.		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Rheumatic Heart.		
		(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION 6. 30. 52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6. 19, 1952 to 6. 30, 1952 that I last saw the deceased alive on 6. 30. 52 and that death occurred at 12:30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Morris Goldband M. D.		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 6. 30. 52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE July 2-1952		24C. NAME OF CEMETERY OR CREMATORY Woodlawn		24D. LOCATION (City, town, or county) (State) Baltimore Co. Maryland	
DATE RECEIVED BY LOCAL REGISTRAR JUL 1 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Surgee Funeral Home		ADDRESS 3231 Hollands	

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Dr. E. J. Alessi

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6121
Registered No.52 6121
BIRTH NO.

1. NAME OF DECEASED (Type or Print) ANTON KARL JIRINEC			2. DATE OF DEATH June 30, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution, give address before admission) A. STATE Maryland B. COUNTY 27-05		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 6211 Harford Road			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 6211 Harford Road			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 15, 1879	9. AGE (In years last birthday) 73	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Butcher			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) Czechoslovakia			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME ?			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 216-03-0958		
17. INFORMANT Mrs. Barbara Jirinec			ADDRESS 6211 Harford		

18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH 1 hour
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Intestinal obstruction, fecal impaction		24 hours
(C) Hypertensive arteriosclerotic cardiovascular disease		4 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 1941 to June 30, 1952 , that I last saw the deceased alive on June 30, 1952 , and that death occurred at 8:30 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS 6211 Harford Rd		23C. DATE SIGNED 6/30/52	

24A. BURIAL (CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/3/52		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR JUL 1 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Leonard J. Rock		ADDRESS 5305 Harford Road.	

282

534

52 6122

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 6122

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MILDRED DINATALE		2. DATE OF DEATH June 28, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 3025 Chesterfield Rd		C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore 26-03	
D. STREET ADDRESS (If rural, give location) 3025 Chesterfield Avenue		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct, 4, 1916
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 35 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Charles Gross		14. MOTHER'S MAIDEN NAME Mary Stefenofor	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mr. Charles J. Dinatale, same		ADDRESS	

18. 330X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Intracranial hemorrhage DUE TO Rupture of intracerebral aneurysm	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C) DUE TO	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE Stanley K. Durlacher M.D.	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED June 29, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7/2/52	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.
24D. LOCATION (City, town or county) (State) Baltimore, Maryland	25. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Road	

DATE RECEIVED BY LOCAL REGISTRAR JUL 1 1952	REGISTRAR'S SIGNATURE Huntington Williams	ADDRESS 506119
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MEDICAL CERTIFICATION

NAME OF DECEASED *John Doe*

DATE OF DEATH *Jan 1, 1940*

PLACE OF DEATH *City of New York*

AGE *45* SEX *M*

CAUSE OF DEATH *Heart Disease*

DATE OF DEATH *Jan 1, 1940*

PLACE OF DEATH *City of New York*

AGE *45* SEX *M*

CAUSE OF DEATH *Heart Disease*

DATE OF DEATH *Jan 1, 1940*

PLACE OF DEATH *City of New York*

AGE *45* SEX *M*

CAUSE OF DEATH *Heart Disease*

DATE OF DEATH *Jan 1, 1940*

PLACE OF DEATH *City of New York*

AGE *45* SEX *M*

CAUSE OF DEATH *Heart Disease*

DATE OF DEATH *Jan 1, 1940*

160

52 6123

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6123

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>Schafer, Helen Magdelene</u>		2. DATE OF DEATH <u>June 30, 1952</u>	
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u> C. CITY OR TOWN <u>Baltimore #6</u> (If outside corporate limits, write RURAL and give township) <u>5300</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		D. STREET ADDRESS (If rural, give location) <u>8349 Old Philadelphia Road</u>			
C. Length of stay in Baltimore		Yrs. Mos. Days			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 11, 1895</u>	9. AGE (in years last birthday) <u>57</u>	10. Under 1 Year Months: Days: 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Own home</u>		11. BIRTHPLACE (State or foreign country) <u>Baltimore County, Md.</u>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <u>George Klein</u>			
14. MOTHER'S MAIDEN NAME <u>Margaret</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Mrs. John L. Schafer</u>			
18. ADDRESS <u>8349 Old Phila. Rd.</u>		19. CAUSE OF DEATH			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>443X</u>		(A) <u>Cerebral hemorrhage</u> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>	
II. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <u>Cardiovascular hypertensive disease</u> DUE TO		<u>10 years</u>	
		(C) <u>Arteriosclerosis</u>		<u>10 years</u>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>March 10</u> , 19 <u>39</u> to <u>June 30</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>June 30</u> , 19 <u>52</u> , and that death occurred at <u>8:45 pm.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Michael J. Douch</u>		23B. ADDRESS <u>4636 Belin Road</u>		23C. DATE SIGNED <u>June 30, 1952</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>7/3/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Holy Redeemer</u>	
24D. LOCATION (City, town, or county) <u>Baltimore Md</u>		24E. DATE RECEIVED BY REGISTRAR'S SIGNATURE <u>Huntington Williams M.D.</u>		24F. FUNERAL DIRECTOR <u>L. J. Ruck</u>	
24G. ADDRESS <u>25305 Nayford Rd</u>					

1510 83

RECEIVED

1510

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6124
Registered No.

BIRTH NO.

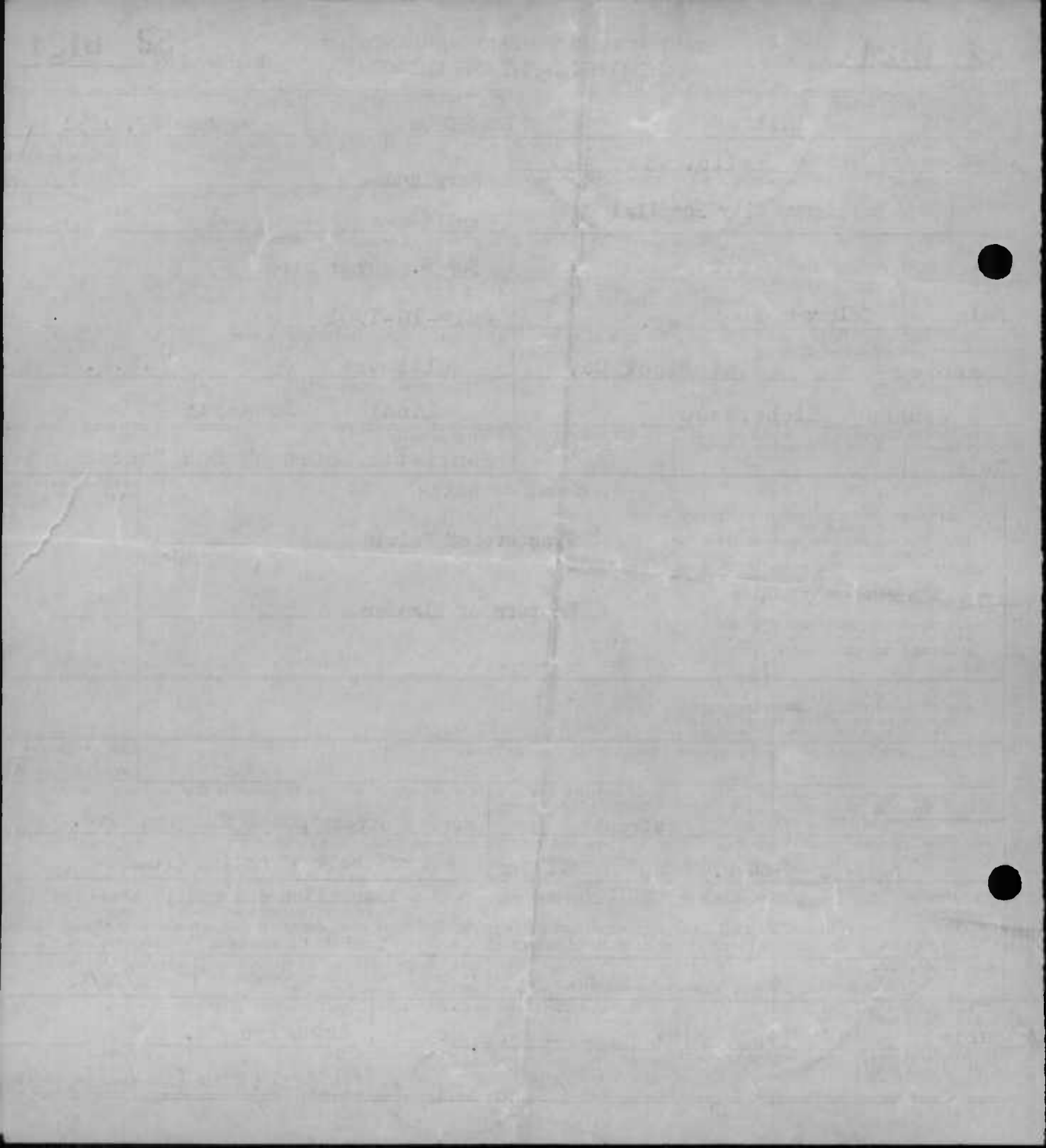
1. NAME OF DECEASED (Type or Print) WILLIAM RICHARDSON		2. DATE OF DEATH June 27, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. LENGTH OF STAY IN BALTIMORE Life		E. STREET ADDRESS (If rural, give location) 508 N. Duncan Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Sep.	8. DATE OF BIRTH July-10-1901
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Pat Block Co.	9. AGE (In years last birthday) 50
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Jouhhus Richardsrdson		14. MOTHER'S MAIDEN NAME Lindia Dougerty	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Henrietta McCready		ADDRESS 508 Duncan S t	

18. E824.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Fracture of Pelvis DUE TO ANTECEDENT CAUSES (B) Rupture of Bladder DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Monroe Street and Washington Blvd. 21/2
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 6/23/52 9:00 P. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Fell off back of moving truck.
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE Stanley H. Dureacher M.D.		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED 6/28/52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7/1/1952	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	24D. LOCATION (City, town, or county) (State) Brooklyn Md.
DATE RECEIVED BY LOCAL REGISTRAR 1952		25. FUNERAL DIRECTOR Elroy O. Wilson 1000 Brantley ave	

V S 151 **N 808.0** **97024**



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6125**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

(Lorenza) LORENZO

CRITTENDON

2. DATE
OF
DEATH

June 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Balto. City**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland**
B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

606 N. Fremont Street

Length of stay in Baltimore

30 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Sep.

8. DATE OF BIRTH

May-29-1882

9. AGE (In years last birthday)

70

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

In General

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Zacera Crittendon

14. MOTHER'S MAIDEN NAME

Lucy Braxton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

Eva Lynch 647 George St

18. **163X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH.
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Carcinoma of the Lung**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED
6/28/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7/1/1952

24C. NAME OF CEMETERY OR CREMATORY

Mt Arburn Cem.

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

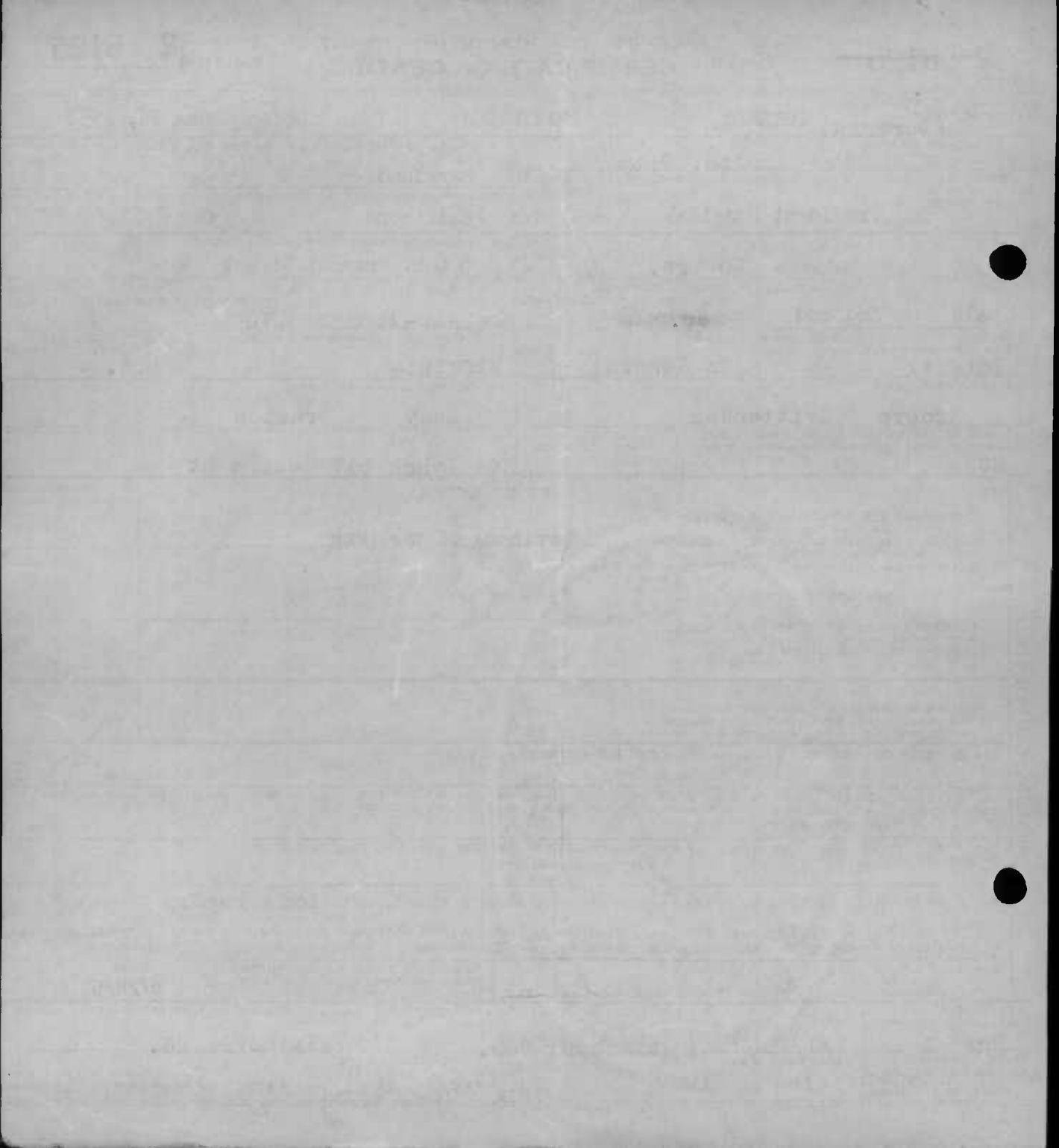
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 1 1952

Thos. J. Wilson
Thos. J. Wilson 1000 Buxton Ave



630

TRUITT

52 6126

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

52 6126
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Truitt Annie</i>			2. DATE OF DEATH <i>6/29/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>2101 N. Cold Spring Lane</i>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTE <i>Bar Wilbar Home</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
D. STREET ADDRESS (If rural, give location) <i>1227 East Monument Street</i>			5. 01		
C. Length of stay in Baltimore <i>Life</i>			Yrs. _____ Mos. _____ Days _____		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>May - 19 - 77</i>		9. AGE (In years last birthday) <i>75</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Domestic</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			13. FATHER'S NAME <i>Issac Smith</i>		
14. MOTHER'S MAIDEN NAME <i>Unknown</i>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		
16. SOCIAL SECURITY NO. _____			17. INFORMANT ADDRESS <i>Joseph Clayton 1602 Milliman St</i>		

18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Cardio Renal</i>		INTERVAL BETWEEN ONSET AND DEATH <i>7</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>6/1/52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <i>4:30 am</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>J. A. Johnson</i>		23B. ADDRESS <i>403 Med Arts Bldg</i>		23C. DATE SIGNED <i>6/29/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>7/1/1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Calvary Cem.</i>	
24D. LOCATION (City, town, or county) <i>Brooklyn Md.</i>		24E. FUNERAL DIRECTOR <i>Thurston Williams, McElroy & Wilson</i>		24F. ADDRESS <i>1000 Bently ave</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 1 1952</i>					
VS 1500 <i>on his 3rd created</i>					

MEDICAL CERTIFICATION

12

52 6127

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6127
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Born Patterson Anne</i>		2. DATE OF DEATH <i>June 30, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>212 Honey Run Lane</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE <i>MD</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Hillcrest Nursing Home</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Towson 4 MD</i>	
5. LENGTH OF STAY IN BALTIMORE <i>20</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>Green Pasture Lane. 5355</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>June 3-1895</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	9. AGE (In years last birthday) <i>57</i>
11. BIRTHPLACE (State or foreign country) <i>Balto Co MD</i>		12. CITIZEN OF WHAT COUNTRY? <i>MD</i>	
13. FATHER'S NAME <i>Patterson</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>217-03-9476B</i>	
17. INFORMANT <i>Edna Lane</i>		ADDRESS <i>Green Pasture Dr. Towson 4</i>	

18. <i>260X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Cerebral Hemorrhage</i> DUE TO (B) <i>Cerebral Arteriosclerosis</i> DUE TO (C) <i>Diabetes Mellitus</i>	INTERVAL BETWEEN ONSET AND DEATH <i>4 weeks</i>
--	--	--

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May 30*, 1952, to *June 30*, 1952, that I last saw the deceased alive on *June 29, 1952*, and that death occurred at *10:20 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE *Wendell Edward Day* M. D. 23B. ADDRESS *4-E-33rd St - 18* 23C. DATE SIGNED *July 1, 1952*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *July 2-1952* 24C. NAME OF CEMETERY OR CREMATORY *Broadmead Cemetery* 24D. LOCATION (City, town, or county) (State) *Towson MD*

DATE RECEIVED BY LOCAL REGISTRAR *JUL 1 1952* REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* 25. FUNERAL DIRECTOR *John Burns* ADDRESS *6107 Ark Rd Towson 4*

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BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED
(Type or Print)

JOSHUA SMITH

2. DATE
OF
DEATH

6/30/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

1319 BAYARD STREET

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1319 BAYARD ST.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

8/4/1893

9. AGE (In years
last birthday)

58

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CARPENTER

10B. KIND OF BUSINESS OR
INDUSTRY

CONSTRUCTION

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

HENRY SMITH

14. MOTHER'S MAIDEN NAME

ELLA WILLIAMS

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

YES

W.W.#1

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

LESSIE SMITH 1317 BAYARD ST.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHI
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Myocardial Infarction

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)

Coronary Artery Disease

?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 6:27, 1952, to 6:30, 1952, that I last saw the
deceased alive on 6:30, 1952, and that death occurred at 5:50 P.M., from the causes and on the date stated above.

23A. SIGNATURE

John P. Welch Jr.

M. D.

23B. ADDRESS

1222 Waver Blvd

23C. DATE SIGNED

7-1-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

7/3/52

24C. NAME OF CEMETERY OR CREMATORY

BALTO. NAT'L CEM.

24D. LOCATION (City, town, or county)

BALTO. MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CHAS. G. COOPER 512 CARROLLTON AV.

VS 150

51024 Charles G. Cooper

MEDICAL CERTIFICATION

436

52 6129

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6129

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Golden Jr.

2. DATE
OF
DEATH

6/27/1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

836 N. Carey St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balt.

D. STREET ADDRESS (If rural, give location)

836 N. Carey St.

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years

last birthday)

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Store done

10B. KIND OF BUSINESS OR INDUSTRY

Widow

11. BIRTHPLACE (State or foreign country)

Caret Co. Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Golden Sn.

14. MOTHER'S MAIDEN NAME

Charlotte Murray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Leo. Hardy 836 N. Carey St.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Arteriosclerosis

DUE TO

Heart Infection

8 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Rheumatoid Arthritis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 1950, to June 27, 1952, that I last saw the deceased alive on June 27, 1952 and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

635
52 6130BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6130
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Atlantic R. Gardner

2. DATE
OF
DEATH

6/28/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

404 Normandy Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto. 20-07

D. STREET ADDRESS (If rural, give location)

404 Normandy Ave.

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

7/4/1879

9. AGE (In years last birthday)

72

10. Under 1 Year

Months; Days

11. Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Wm Jones

14. MOTHER'S MAIDEN NAME

Louisa Cummings

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Hazel Ward 404 Normandy Ave

18. 447x I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Obesity

6-8 weeks

10 yr +

10 yr +

20 yr +

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1950, 19, to 6-28-52, 19, that I last saw the deceased alive on 6-28-52, 19, and that death occurred at 10:10 pm, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 1 1952

Huntington, Williams, M.D.

44-Book 2nd 1217 St. Paul St.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6131

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John T. Hof

2. DATE
OF
DEATH

6/29/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4210 Vermont Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

4/11/1893

9. AGE (In years,
last birthday)

59

If Under 1 Year
Months: Days

2 28

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Ch

10B. KIND OF BUSINESS OR
INDUSTRY

B & O R.R.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Hof

14. MOTHER'S MAIDEN NAME

(Unknown) Sinclair

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

W. W. #1

16. SOCIAL
SECURITY NO.

705-09-2928

17. INFORMANT

ADDRESS

Gertrude E. Hof 4210 Ave

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Pulmonary Tuberculosis 5 YRS.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1949, to June 29, 1952, that I last saw the
deceased alive on June 25, 1952 and that death occurred at 1 P. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 1 1952

Huntington Williams, M.D.

Wm. Cook, Inc. 1247 St. Paul St.

1849

82

RECEIVED BY THE DEPARTMENT OF HEALTH
HOSPITAL OF THE CITY OF NEW YORK

21

RECEIVED BY THE DEPARTMENT OF HEALTH
HOSPITAL OF THE CITY OF NEW YORK

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RECEIVED BY THE DEPARTMENT OF HEALTH
HOSPITAL OF THE CITY OF NEW YORK

3 5 4
52 6132BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6132
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ESTELLE STANLEY			2. DATE OF DEATH June 26, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Provident Hospital			C. CITY OR TOWN (If outside corporate limits, write R.U.A.C. and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1339 Myrtle Avenue			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Mar. 9, 1889	9. AGE (in years last birthday) 63	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY Dom. family	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Andrew Stanley		14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. no record of health			
17. (If yes, give war or dates of service)		18. (If yes, give war or dates of service)			

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

18. **443X**

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Hypertensive cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

June 26, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

325
52 6133
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6133
Registered No.

1. NAME OF DECEASED (Type or Print) <u>Watkins, Harrison</u>			2. DATE OF DEATH <u>6/27/52</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>29 Provident Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 15-03</u>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <u>2413 Banta Ave BAKER ST.</u>		
5. SEX <u>m</u>	6. COLOR OR RACE <u>negro</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 7, 1891</u>	9. AGE (In years last birthday) <u>61</u>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>John Watkins</u>			14. MOTHER'S MAIDEN NAME <u>Sara Thomas</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT ADDRESS <u>Fannie Watkins. 2413 Baker St.</u>		

18. 931.3 I CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Heat Prostration DUE TO
INTERVAL BETWEEN ONSET AND DEATH
3 days.

ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) CERTIFICATION APPROVED BY
B. J. Fisher
DUE TO
(C) CHIEF OR ASST. MEDICAL EXAMINER.
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
R.R. freight yard. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
Bld. Richard Yard, Locust point

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
June 26, 1952 2 P.M. 21E. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?
at work in the sun, succumbed to heat.

I hereby certify that I attended the deceased from 6/27/52, 19, to 6/27/52, 19, that I last saw the deceased alive on _____, 19, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE
John W. King M. D. 23B. ADDRESS
Provident Hosp 23C. DATE SIGNED
7/11/52

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial 24B. DATE
7/2/52 24C. NAME OF CEMETERY OR CREMATORY
Halls Creek 24D. LOCATION (City, town, or county) (State)
Calvert Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR
July 1, 1952 REGISTRAR'S SIGNATURE
Huntington Williams, M.D. 25. FUNERAL DIRECTOR ADDRESS
George G. Kelson, 1303 Presstman St.

STATE OF TEXAS

County of _____

Know all men by these presents, that _____

for and in consideration of the sum of _____

to _____

the receipt of which is hereby acknowledged, have granted, sold and conveyed, and by these presents do grant, sell and convey unto the said _____

all that certain _____

together with all and singular the rights and appurtenances in anywise in anywise by _____

in anywise by _____

to have and to hold unto the said _____

together with all and singular the rights and appurtenances in anywise by _____

to have and to hold unto the said _____

together with all and singular the rights and appurtenances in anywise by _____

to have and to hold unto the said _____

520
2 6134BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6134

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Anthony Young			2. DATE OF DEATH June 28, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 1016 N. Gilmore St			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION None			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1016 N. Gilmore St.		
5. SEX M	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 1869	9. AGE (In years, last birthday) 83	H Under 1 Year Months: Days: H Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md	
13. FATHER'S NAME George Young			12. CITIZEN OF WHAT COUNTRY? U.S.A		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Unknown			16. SOCIAL SECURITY NO.		
17. INFORMANT George Young			ADDRESS 1136 N. Stricker		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Congestive Heart Failure (A) DUE TO	CAUSE OF DEATH Congestive Heart Failure	INTERVAL BETWEEN ONSET AND DEATH ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. A.H.C.V.D (B) DUE TO	A.H.C.V.D (B) DUE TO	?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT. Senility (C)	Senility (C)	

19A. DATE OF OPERATION None	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Apr. 12**, 1952 to **June 28**, 1952, that I last saw the deceased alive on **June 27, 1952** and that death occurred at **29** m., from the causes and on the date stated above.

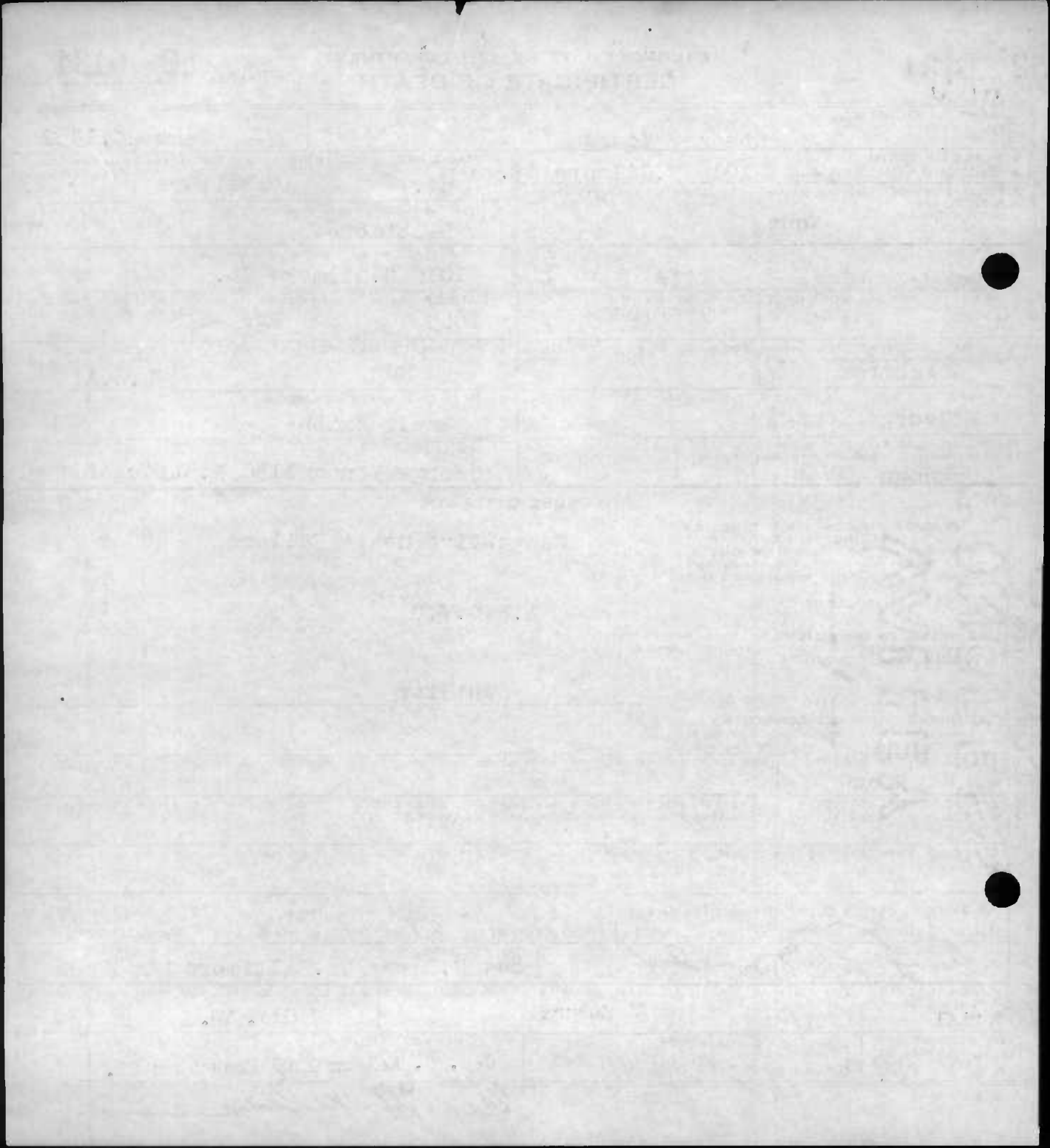
23A. SIGNATURE **Geo. McDonald** M. D. 23B. ADDRESS **844 N. Carey St. Baltimore** 23C. DATE SIGNED **6/30/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7/1/52	24C. NAME OF CEMETERY OR CREMATORY Mt Auburn	24D. LOCATION (City, town, or county) (State) Balto. Md.
--	----------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR JULY 1 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Geo. G. Kelson	ADDRESS 1303 Presstman St.
--	---	---	--------------------------------------

19520

Geo. G. Kelson



BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 6135

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)William Mc Millen2. DATE
OF
DEATHJune 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)2007 Etting St

C. Length of stay in Baltimore

10 yearsYrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)S10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)none10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Brack Mc millen15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.248-28-0693

8. DATE OF BIRTH

Dec 25, 19079. AGE (In years,
last birthday)44If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

A. C.12. CITIZEN OF
WHAT COUNTRY?U.S.A.

14. MOTHER'S MAIDEN NAME

Wilmar Collins

17. INFORMANT

ADDRESS

Alma Miller 2007 Etting St.18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 28, 1952, to June 29, 1952, that I last saw the
deceased alive on June 28, 1952, and that death occurred at 3 P m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Dr Johnson

625
2 6136

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6136

1. NAME OF DECEASED (Type or Print) <i>Albert Diskson</i>		2. DATE OF DEATH <i>June 28, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1601 Bruce CT</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i> <i>15-0</i>	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1601 Bruce CT</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>	8. DATE OF BIRTH <i>1880</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>?</i>	9. AGE (in years last birthday) <i>72</i>
11. BIRTHPLACE (State or foreign country) <i>Del</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT ADDRESS <i>Musie Diskson 1601 Bruce CT</i>
18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) <i>Arteriosclerotic Heart Dis.</i> DUE TO (B) <i>Arteriosclerosis</i> DUE TO (C)	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6/1</i> , 1952 to <i>6/23</i> , 1952 that I last saw the deceased alive on <i>6/23</i> , 1952 and that death occurred at <i>3:30 p.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>John H. Holmes III</i>		23B. ADDRESS <i>927 N. Kenmore</i>	
23C. DATE SIGNED <i>6/30/52</i>			
24A. BURIAL / CREMATION / REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>7/2/52</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>mt Auburn</i>		24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 1 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
FUNERAL DIRECTOR <i>G. Nelson</i>		ADDRESS <i>1303 Crestman St</i>	

Dr Holmes.
Marcel + marker

CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

52 6137

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Marsella MONVILLE MONSEL SMITH</i>		2. DATE OF DEATH <i>June 28, 1952</i>	
3. PLACE OF DEATH: <i>Baltimore</i> A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>md.</i>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) <i>UNIVERSITY Hosp</i>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 16-02</i>	
7. STREET ADDRESS (If rural, give location) <i>Unknown 1501 W. Lafayette Ave.</i>		8. DATE OF BIRTH <i>Oct 5 1896</i>	
9. Length of stay in Baltimore <i>Unknown</i> Yrs. Mos. Days		9. AGE (In years last birthday) <i>55</i> If Under 1 Year Months: Days: Hours: Min.	
10. SEX <i>M</i>	11. COLOR OR RACE <i>C</i>	12. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	13. BIRTHPLACE (State or foreign country) <i>Hereford Balto Co Md</i>
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Day Laborer</i>		15. CITIZEN OF WHAT COUNTRY? <i>US</i>	
16. FATHER'S NAME <i>George J Smith</i>		17. MOTHER'S MAIDEN NAME <i>Clara Kelly</i>	
18. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>Yes World War I</i>		19. SOCIAL SECURITY NO. <i>21-20-2379</i>	
20. INFORMANT <i>Elsworth H Smith</i>		21. ADDRESS <i>Hereford Md</i>	

CAUSE OF DEATH

18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Arteriosclerotic Heart Disease</i>	INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO	
(B) DUE TO	
(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

2. I certify that I took charge of the remains described above, held an *Inspe. + Inquiry* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley H. Dunlacher</i> M.D.	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/>	23C. DATE SIGNED <i>June 29, 1952</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>July 3 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Hereford A.M.E.</i>
24D. LOCATION (City, town, or county) (State) <i>Hereford</i>	25. FUNERAL DIRECTOR <i>Charles C. Furt</i>	ADDRESS <i>Jarrellsville</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 1 1952</i>		
REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		

625
52 6138BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6138
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <u>Parkinson, Frances</u>		2. DATE OF DEATH <u>6-30-52</u>	
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. <u>STATE</u> <u>England</u> B. COUNTY <u>Leicestershire</u>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Univ. of Md. Hosp</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>4-02</u>			
C. Length of stay in Baltimore <u>1 month</u>		D. STREET ADDRESS (If rural, give location) <u>Sileby near Loughborough</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> <u>WIDOWED</u> DIVORCED (Specify)		8. DATE OF BIRTH <u>Sept. 26, 1882</u>	9. AGE (In years last birthday) <u>69</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>OWN HOME</u>		11. BIRTHPLACE (State or foreign country) <u>England</u>	
13. FATHER'S NAME <u>Fred Taylor</u>		12. CITIZEN OF WHAT COUNTRY? <u>Great Britain</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <u>Oysha Martin</u>	
17. INFORMANT <u>John Taylor, Wortminster, Md.</u>		ADDRESS			
18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Intra-cranial Hemorrhage + suspected myocardial infarction</u>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <u>1 W</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Hypertensive Arterio-sclerotic Cardio-vascular disease</u>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>6-28</u> , 19 <u>52</u> to <u>6-30</u> , 19 <u>52</u> that I last saw the deceased alive on <u>6-30</u> , 19 <u>52</u> , and that death occurred at <u>10:10 A.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>John Metcalf</u>		23B. ADDRESS <u>1407 Elinor Av.</u>		23C. DATE SIGNED <u>6-30-52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24B. DATE <u>7/3/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>LEICESTERSHIRE</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>JUL 1 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>Arm. Cook, Inc., 1217 St. Paul St. Balto.</u>	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6139**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Helen Pearl Busch

2. DATE
OF
DEATH

JUN 30 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med. Ost 3

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE

B. COUNTY

before admission

B. FULL NAME OF HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1626 Shady Side Rd

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years; last birthday)

If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.

female

white

W.

3-2-96

56

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

John Zanto

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
no

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. *156.2*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Carcinoma of Liver, probably metastatic, primary site undetermined.*

9WKS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

6/26/52

19B. MAJOR FINDINGS OF OPERATION

Biopsy subcutaneous nodule R loin

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

No accident

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from *6-12-1952* to *6-30-1952*, that I last saw the deceased alive on *6-30-1952* and that death occurred at *3:30* p. m., from the causes and on the date stated above.

23A. SIGNATURE

Thomas E. Van Metre Jr.

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6/30/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

July 3, 1952

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus Cem.

24D. LOCATION (City, town, or county) (State)

1300 Dundalk Ave. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

*Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.*

JUL 1 1952

VS 150

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6140**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROSA FAVA

2. DATE OF DEATH **June 30, 1952**

3. PLACE OF DEATH:

A. **Baltimore City, Maryland**

B. FULL NAME OF (If not in hospital or institution, give street address or location)

**Harford Conv. Home
4700 Harford Ave.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2518 E. Madison St.

C. Length of stay in Baltimore

45 years

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

**WIDOWED, DIVORCED (Specify)
widowed**

8. DATE OF BIRTH

March 30, 1867

9. AGE (In years last birthday)

85

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF WHAT COUNTRY?

Italy

13. FATHER'S NAME

Salvatore Congelosi

14. MOTHER'S MAIDEN NAME

Concetta Gardino

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Theresa Fava - daughter - above

18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cardio Vascular Disease**
arteriosclerotic C. with cerebral hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **X**
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **6-28**, 19**52**, to **6-30**, 19**52**, that I last saw the deceased alive on **6-30**, 19**52**, and that death occurred at **6 A** m., from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

23B. ADDRESS

2074 E. Belvidere Ave.

23C. DATE SIGNED

7-1-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

July 3, 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county) (State)

4430 Belair Rd. Balto, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

**Schimunek Funeral Home, Inc.
2601-3-5 E. Madison St.**

ADDRESS

STATE OF NEW YORK
DEPARTMENT OF HEALTH

1



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6141**

BIRTH NO. **560**

1. NAME OF DECEASED (Type or Print) FRANK SMRHA			2. DATE OF DEATH June 30, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 5507 Groveland Ave.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write R.R. and give township) Baltimore 28-41		
C. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 5507 Groveland Ave.		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 21, 1907		9. AGE (In years last birthday) 44
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) sheet metal worker		10B. KIND OF BUSINESS OR INDUSTRY Earl B. Haines Co.	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Francis J. Smrha <i>TINNERS (M)</i>			14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Florence Haines Smrha, wife, above		

18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Primary Carcinoma of Stomach - (B) (C)	INTERVAL BETWEEN ONSET AND DEATH 2 1/2 yrs.
	(A) DUE TO	
	(B) DUE TO (C)	

19A. DATE OF OPERATION May - 1950.		19B. MAJOR FINDINGS OF OPERATION Large Growth at Pyloric End of Stomach		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **April - 1949** to **June - 30, 1952**, that I last saw the deceased alive on **June 28, 1952**, and that death occurred at **5:45 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE Earl L. Chambers	23B. ADDRESS 4105 Liberty Hts.	23C. DATE SIGNED July 1 - 52
---	--	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE July 2, 1952	24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cem.	24D. LOCATION (City, town, or county) (State) Pikesville, Md.
--	----------------------------------	---	---

DATE RECEIVED BY LOCAL REGISTRAR JUL 1 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Schmuck Funeral Home, Inc. 2601-3-5 E. Madison St.
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597 9A 3 8

MEDICAL CERTIFICATION

1113

5

CERTIFICATE OF DEATH

1113

DATE OF DEATH

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16
52 6142BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6142
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLARA E. KEILBAR

2. DATE
OF DEATH Jne 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

931 S. Kenwood Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

931 S. Kenwood Ave.

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb. 28, 1873

9. AGE (In years
last birthday)

79

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Washington, D. C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Reuben Loring

14. MOTHER'S MAIDEN NAME

Elizabeth Bayant

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Rose J. Keilbar-931 S. Kenwood Ave.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebral Hemorrhage
Arterio-Sclerosis

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Acute Myocardial failure
Myocardial Damage
Coronary Sclerosis

3 days

(C)

Unknown

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 27, 1952, to June 29, 1952, that I last saw the deceased alive on June 29, 1952, and that death occurred at 8 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Philibert Artigiani, M. D.

2942 E. Fayette St.

July 1, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7/2/52

24C. NAME OF CEMETERY OR CREMATORY

Balto. Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

Wm. J. Lickner & Sons

VS 150

Balto. 17, Md.

MEDICAL CERTIFICATION

263
52 6143BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6143
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

CLYDE HENRY RICHARDSON

2. DATE
OF
DEATH

June 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2809 Brighton St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
Md.B. COUNTY
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 16-07D. STREET ADDRESS (If rural, give location)
2809 Brighton St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Feb. 28, 1894

9. AGE (In years
last birthday)

58

11 Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
machine operator10B. KIND OF BUSINESS OR
INDUSTRY
Blind Workshop for

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Abner Richardson

Misc. (n)

14. MOTHER'S MAIDEN NAME

Willier Tate

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no16. SOCIAL
SECURITY NO.
215-22-5735

17. INFORMANT

Mrs. Daisy E. Richardson - 2809 Brighton St.

ADDRESS

St.

18. 022X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Prob. Ruptured Aorta

INTERVAL BETWEEN
ONSET AND DEATH

few minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Lues - aortic aneurysm

about 14 yrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from about 1938, to June 29, 1952, that I last saw the
deceased alive on June 28, 1952, and that death occurred at 6:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

E. Highstein

M. D.

23B. ADDRESS

888 W. Lombard St.

23C. DATE SIGNED

6.30.52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

7/2/52

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park Cem.

24D. LOCATION (City, town, or county) (State)

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. M. Vickers & Sons

MEMORANDUM FOR THE RECORD

DATE: 10/10/50

SUBJECT:

10/10/50

52 6144

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6144

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN WESLEY MANN

2. DATE
OF
DEATH

June 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3137 Gwynns Falls Pkwy.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3137 Gwynns Falls Pkwy.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Apr. 23, 1872

9. AGE (In years last birthday)

80

If Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Owner

10B. KIND OF BUSINESS OR INDUSTRY

Tin Can Mfg.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

B. F. Mann

14. MOTHER'S MAIDEN NAME

Lina Gilmore

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Mrs. Mary F. Mann - 3137 Gwynns Falls Pkwy.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Wrenia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cardiovascular disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

I hereby certify that I attended the deceased from February 1941, to June 30, 1952, that I last saw the deceased alive on June 30, 1952, and that death occurred at 3 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7/3/52

24C. NAME OF CEMETERY OR CREMATORY

Green Mount Cem.

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 1 1952

Huntington Williams, M.D.

Mrs. J. Vickers & Sons

Baltimore, Md.

57 Med Exam Case Released to Hospital

52 6145

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6145

1. NAME OF DECEASED (Type or Print) Paul Starkins		2. DATE OF DEATH June 23 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Acc. Room		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-05	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 9 N. Broadway	
5. SEX male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5/26/1899
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10B. KIND OF BUSINESS OR INDUSTRY No Cornish	9. AGE (In years last birthday) 53
13. FATHER'S NAME Joseph Starkins		14. MOTHER'S MAIDEN NAME Mary P. S.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	
18. 570.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Intestinal Obstruction		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(B) DUE TO	
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.		21F. HOW DID INJURY OCCUR?	
23A. SIGNATURE Reginald W. Brown		23B. ADDRESS JOHNS HOPKINS HOSPITAL	
24A. BURIAL, CREMATION, REMOVAL (Specify) June 30/52		24B. DATE June 30/52	
24C. NAME OF CEMETERY OR CREMATORY St. Peter's		24D. LOCATION (City, town or county) (State) Baltimore - Maryland	
DATE RECEIVED BY LOCAL REGISTRAR JUL 1 1952		REGISTRAR'S SIGNATURE Huntington Walligius, M.D.	
25. FUNERAL DIRECTOR Cal. W. McHenry Funeral Home Inc		ADDRESS To be Approv. 490 47 403-6-25 St, Baltimore 18.	

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

Blank form with horizontal lines for text entry.

242
52 6146BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6146

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NICK KISLIK

2. DATE
OF
DEATH

JUNE 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 725 S. BOND ST.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND B. COUNTY 2-0-3

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

725 S. BOND ST.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

NOT KNOW

9. AGE (In years
last birthday)

55

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LABORED

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

RUSSIA

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

KISLIK

14. MOTHER'S MAIDEN NAME

NOT KNOW

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

J.A. GREIBLIAUCNAS 1905 E. PRATT

18. 422.2 I

CAUSE OF DEATH

JR.

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Myocardial Insufficiency

6-27-52

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Heart Prostration

1 day

(C) Chronic Myocarditis

?

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from June 27, 1952, to June 28, 1952, that I last saw the deceased alive on June 27, 1952, and that death occurred at 8 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 1 1952

VS 150

97099143

01/10/83

RECEIVED 10/10/83

RECEIVED 10/10/83

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6147**

300
2 6147

1. NAME OF DECEASED (Type or Print) LLOYD SAVAGE WHITE		2. DATE OF DEATH June 30, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Virginia B. COUNTY V-43	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2321 N. Calvert Street		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Norfolk,	
c. Length of stay in Baltimore 11 yrs.		D. STREET ADDRESS (If rural, give location) ?	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 24, 1878
		9. AGE (In years last birthday) 73	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cotton Factory Ret		10B. KIND OF BUSINESS OR INDUSTRY Cotton Industry	
11. BIRTHPLACE (State or foreign country) Northampton Co., Va.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME (14 yrs.) Lloyd S. White		14. MOTHER'S MAIDEN NAME Virginia Cameron Moore	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 225-07-0780	
17. INFORMANT 2321 N. Calvert St.		18. Mrs. Elizabeth A. Rowe White	
18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Myocarditis & Pulmonary Edema DUE TO (B) Generalized Arteriosclerosis DUE TO (C) Parkinsonian Disease	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan , 1946 to June 30, 1952 ; that I last saw the deceased alive on June 30, 1952 and that death occurred at 11:30 AM. , from the causes and on the date stated above.			
23A. SIGNATURE Wm Beck M.D.	23B. ADDRESS 2818 St Paul St. Balt.	23C. DATE SIGNED June 30-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7/2/52	24C. NAME OF CEMETERY OR CREMATORY Forest Lawn Cem.	24D. LOCATION (City, town, county) (State) Norfolk, Va.
DATE RECEIVED BY LOCAL REGISTRAR JUL 1 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	FUNERAL DIRECTOR HENRY SANDER & SONS, INC. ADDRESS BALTO., MD.	

6.158 - 8.1.18

225-07-0780

155-156

452
52 6148BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6148
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN W. PILLING

2. DATE
OF
DEATH

JUNE 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4220 YORK ROAD

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO

D. STREET ADDRESS (If rural, give location)

531 WINSTON

C. Length of stay in Baltimore

20 YRS

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

OCT 8, 1902

9. AGE (In years
last birthday)

49

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

EXECUTIVE

10B. KIND OF BUSINESS OR
INDUSTRY

METAL MFG.

11. BIRTHPLACE (State or foreign country)

CONN.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

JOHN W. PILLING

14. MOTHER'S MAIDEN NAME

ROSE BODEN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

215-09-1477

17. INFORMANT

GRACE M. PILLING

ADDRESS

ABOVE

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Chr. Myocarditis

DUE TO

(C)

Hypertension

2 YRS

2 YRS

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 23, 1952, to June 29, 1952, that I last saw the deceased alive on June 29, 1952, and that death occurred at 4:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

JULY 2, 1952

MORELAND MEMORIAL

BALTO. CO.

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 1 1952

Huntington Williams, M.D.

H.W. JENKINS & SONS Co. 4905 York Rd

236
52 6149
RZK - 160442

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6149
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward ~~Posteher~~ POSTEHER - POSTCHER

2. DATE OF DEATH
June 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE
Baltimore City Hospital
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

Baltimore, Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
1014 Elwood Ave. - 24 - S.

C. Length of stay in Baltimore
Life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

March 10, 1875

9. AGE (In years last birthday)

77

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

RETIRED

10B. KIND OF BUSINESS OR INDUSTRY
CANTON LUMBER CO.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?
U.S.

13. FATHER'S NAME

~~Frederick Posteher~~ FREDERICK POSTEHER

14. MOTHER'S MAIDEN NAME

BARBARA ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
NO

16. SOCIAL SECURITY NO.

17. INFORMANT

B.C.H. Records

ADDRESS

4940 Eastern Ave.

18. 160X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of maxillary sinus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

6 mos.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-24, 1952, to 6-29, 1952, that I last saw the deceased alive on 6-29, 1952, and that death occurred at 10:20 a.m., from the causes and on the date stated above.

23A. SIGNATURE

E. D. Boyer M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

JULY 3, 1952

24C. NAME OF CEMETERY OR CREMATORY

OAK LAWN CEM.

24D. LOCATION (City, town, or county)

7225 EASTERN AVE.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Charles S. Zuber ADDRESS
901 S. CONKLING ST.

140-8959

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6150
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LLOYD HAMMOND LEWIS

2. DATE
OF DEATH June 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

Md.

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTE location)Steward Office Building
Gay and Lombard StreetsC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

316 Westowne Rd.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

May 16, 1891

9. AGE (in years
last birthday)

61

If Under 1 Year If Under 24 Hours
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Self employed

10B. KIND OF BUSINESS OR
INDUSTRY

Cargo Broker

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Major O'Neill Lewis

14. MOTHER'S MAIDEN NAME

--

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Viola L. Foreman-725 Deepdene Rd.

18. E976X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Gunshot wound of the head

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Office building

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Gay and Lombard Streets

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

June 30, 1952 4:00 P.m.

21E. INJURY OCCURRED

WHILE AT
WORK ☒NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR ☐23C. DATE SIGNED
July 1, 195224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7/2/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 1 1952

VS 151

N 803.4

29058

Eaton J. Fickner & Sons
Balto 17. Md.

CERTIFICATE OF DEATH

For J. Lightner? born
1911, 11 at Ind.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6151

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LILLIAN I FRIESE

2. DATE OF DEATH JUNE 29, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY XB. FULL NAME OF (If not in hospital or institution, give street address or location)
Johns Hopkins HospC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 10-02C. Length of stay in Baltimore
Yrs. Mos. DaysD. STREET ADDRESS (If rural, give location)
937 Webb Court

5. SEX F

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married8. DATE OF BIRTH
May 31, 19139. AGE (In years last birthday)
39

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife10B. KIND OF BUSINESS OR INDUSTRY
at home11. BIRTHPLACE (State or foreign country)
Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
Clarence J. McFee14. MOTHER'S MAIDEN NAME
Bertha M. Callis15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mr. Walter Friesse - 937 Webb Court

18. 581.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Fatty liver
Chronic Alcoholism

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.23A. SIGNATURE
Stanley K. Durlacher M.D.23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐ 23C. DATE SIGNED
June 29, 195224A. BURIAL, CREMATION, REMOVAL (Specify)
Burial24B. DATE
7/2/5224C. NAME OF CEMETERY OR CREMATORY
New Cathedral Cem.24D. LOCATION (City, town, or county) (State)
Balto., Md.DATE RECEIVED BY LOCAL REGISTRAR
JUL 1 1952REGISTRAR'S SIGNATURE
Huntington Williams, M.D.25. FUNERAL DIRECTOR
Olm. J. Dickner & SonsADDRESS
Balto 17, Md.

[Faint handwritten notes at the bottom of the page]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 6152**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM

CANADA

2. DATE
OF
DEATH

June 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Johns Hopkins Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

C. Length of stay in Baltimore

9 yrs

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1303 Orleans Street

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 11, 1919

9. AGE (In years
last birthday)

33 yrs

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Laborer

Gen.

11. BIRTHPLACE (State or foreign country)

N. Carolina

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Canada Sr

14. MOTHER'S MAIDEN NAME

Ida Foster

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Ida Hinton 1127 N. Caroline

18. E 981 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Gunshot wound of the chest

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

tavern

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

1323 E. Monument Street

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

6/29/52 12:30 P. M.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

firearms

22. I certify that I took charge of the remains described above, held an _____ thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

William Updegraff

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ASSISTANT MEDICAL EXAMINER ☐MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION (REMOVAL) (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 1, 1952

Thurston Williams, M.D.

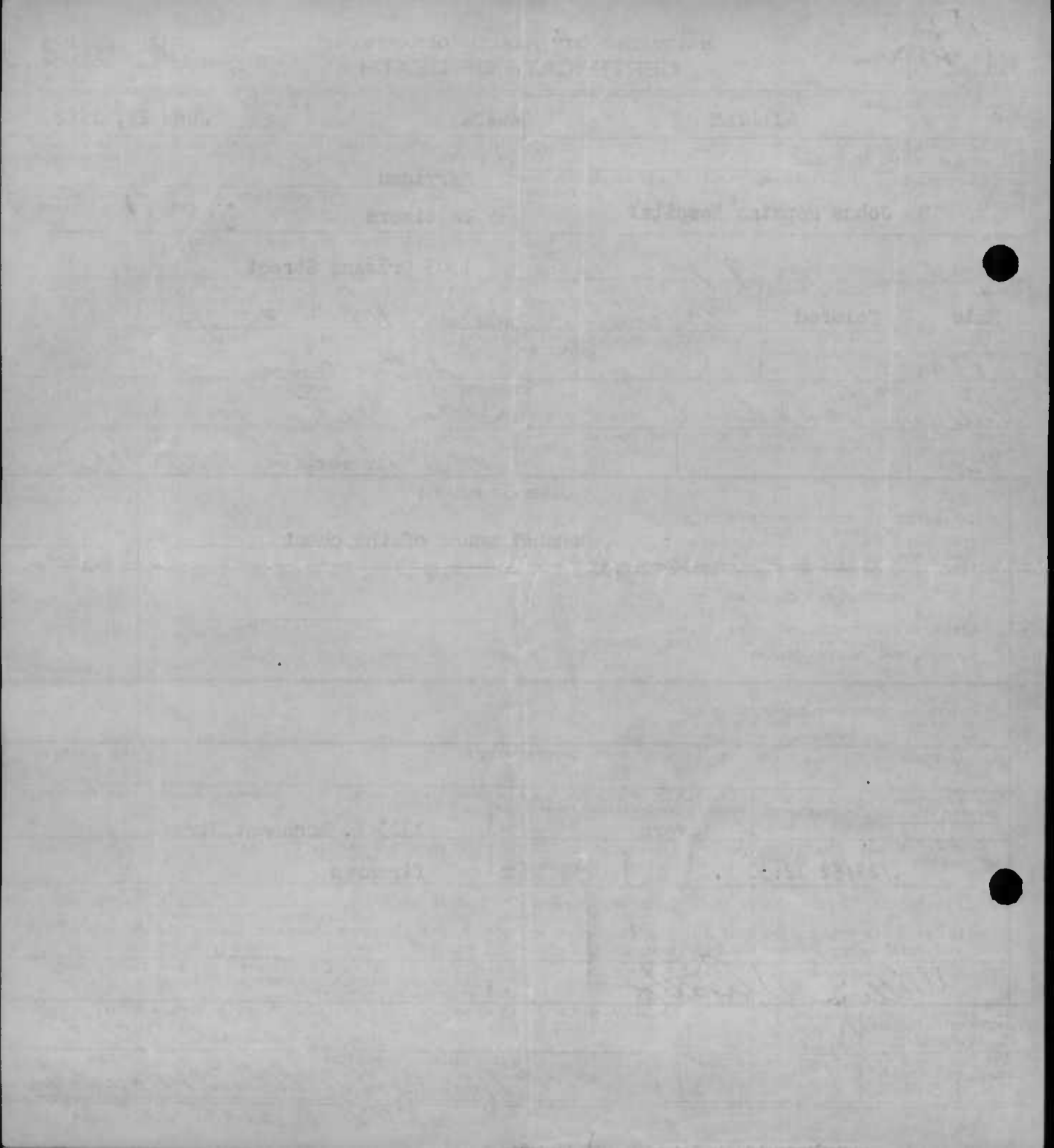
Mrs. G. E. Williams

VS 151

N 862.4

97099

1127 N. Caroline St



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6153**

560
52 6153
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Minnie Shiner		2. DATE OF DEATH June 28, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland Cal 3		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Md. B. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-03	
c. Length of stay in Baltimore		d. STREET ADDRESS (If rural, give location) 934 N. Duncan St	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 5, 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 66
11. BIRTHPLACE (State or foreign country) New York		12. CITIZEN OF WHAT COUNTRY? <input checked="" type="checkbox"/>	
13. FATHER'S NAME Frank Lietzger		14. MOTHER'S MAIDEN NAME Fronnie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	

18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Thrombosis L. Middle Cerebral Artery DUE TO Diabetes mel. (B) Hypertensive cardiovascular Disease DUE TO Bronchopneumonia (C)	INTERVAL BETWEEN ONSET AND DEATH 3 days 10 years 5 years 3 days
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH no Accident		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **6-28, 1952** to **6-28, 1952**, that I last saw the deceased alive on **6-28, 1952** and that death occurred at **7:42 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE Thomas E. Van Meter Jr		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 29 June 52	
--	--	--	--	------------------------------------	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/2/52		24C. NAME OF CEMETERY OR CREMATORY Oak Hill Ce		24D. LOCATION (City, town, or county) (State) Balt. Co. Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUL 1 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Frank Cochrane		ADDRESS	

12520706150 900 N. Chester St

MEDICAL CERTIFICATION

776501A 011

1915

18 JUL 1953

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 6154
Registered No. _____

320
52 6154
BIRTH NO.

1. NAME OF DECEASED (Type or Print) HUGO RETZ		2. DATE OF DEATH June 30, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE Maryland b. COUNTY _____	
b. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Hospital		c. CITY OR TOWN (If outside corporate limits write RURAL and give township) Baltimore 26-01	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		d. STREET ADDRESS (If rural, give location) 5402 Gerland Avenue	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 21, 1912
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engine Man Balto City Firedept		9. AGE (In years last birthday) 39	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
13. FATHER'S NAME Michael Retz		14. MOTHER'S MAIDEN NAME Marie ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		17. INFORMANT ADDRESS Mrs. Olga Retz, 5402 Gerland Avenue	
16. SOCIAL SECURITY NO.		12. CITIZEN OF WHAT COUNTRY?	

18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fatty liver (A) _____ DUE TO _____ ANTECEDENT CAUSES (B) _____ DUE TO _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

2. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley H. Williams</i> M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED July 1, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7/5/52	24C. NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
DATE RECEIVED BY LOCAL REGISTRAR JUL 1 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i> 25. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Road	

MEDICAL CERTIFICATION

762 936 151

TO THE DIRECTOR, BUREAU OF THE
SACRAMENTO DISTRICT
FROM THE SACRAMENTO DISTRICT
SUBJECT: [Illegible]

[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a memorandum or report.]

152 Cause
112 E. Chase St

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No 58 6155

BIRTH NO. 6155

1. NAME OF DECEASED
(Type or Print)

EDWIN C. GIBBONS, SR.

2. DATE
OF
DEATH

June 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write FULL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5508 Carter Avenue

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Feb. 13, 1899

9. AGE (in years
last birthday)

53

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Investment Banking

10B. KIND OF BUSINESS OR
INDUSTRY

Salesman

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edwin F. Gibbons

14. MOTHER'S MAIDEN NAME

Mary Margaret ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

215-05-2233

17. INFORMANT

ADDRESS

Mrs. Lillian E. Gibbons, 5508 Carter

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

Coronary Thrombosis
Ventricular Fibrillation

INTERVAL BETWEEN
ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from Jan. 19, 1952, to June 29, 1952, that I last saw the deceased alive on June 28, 1952, and that death occurred at 3:45 PM, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7/2/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem.

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 1 1952

Huntington Williams, M.D. Leonard J. Ruck, 5305 Harford Road.

1 9 5 2 0 5 2 6 1 5 2
49072

Old St. ...

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525
52 6156BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6156

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Townsend Walter

2. DATE
OF
DEATH

6/29/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland X

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

40 yrs.

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July-18-1892

9. AGE (In years
last birthday)

57

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

On Reserve

11. BIRTHPLACE (State or foreign country)

Preston Md

12. CITIZEN OF
WHAT COUNTRY

U.S.A.

13. FATHER'S NAME

Rev. H. T. Townsend

14. MOTHER'S MAIDEN NAME

Malindia A. Townsend

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Sydia B. Matthews 1931 Orleans St

ADDRESS

18. 141X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cancer of tongue

INTERVAL BETWEEN
ONSET AND DEATH

4/26-6/29/52

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Pneumonia, bronchial-dehydration

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/12 1952 to 6/29 1952, that I last saw the
deceased alive on 6/29 1952, and that death occurred at 9:10 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Gerald F. Nangle M. D.

23B. ADDRESS

University Hosp.

23C. DATE SIGNED

6/29/52

24A. BURIAL
OR REMOVALCREMA-
TION (Specify)

24B. DATE

7/2/52

24C. NAME OF CEMETERY OR CREMATORY

Preston

24D. LOCATION (City, town, or county)

Preston Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Elroy Wilson 1000 Brantley Ave

ADDRESS

VS 150

MEDICAL CERTIFICATION

[Faint, mostly illegible text and markings on a form, possibly a medical or administrative document. The text is mirrored and difficult to decipher.]

263
6157

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. 52 6157

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Henry Richardson</i>		2. DATE OF DEATH <i>June 27, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>State 2 S.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Johns Hopkins Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 2-02</i>			
C. Length of stay in Baltimore <i>40 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>417 S. Ann St.</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>June 1, 1888</i>	9. AGE (in years last birthday) <i>64</i>	If Under 1 Year: Months: Days; If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>School</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>On General</i>		11. BIRTHPLACE (State or foreign country) <i>M. C.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13. FATHER'S NAME <i>unknown</i>		14. MOTHER'S MAIDEN NAME <i>unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO.		17. INFORMATION ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. 199.9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinomatosis</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <i>Months</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) DUE TO	
	(B) DUE TO	
	(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>None</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6-24</i> , 19 <i>52</i> , to <i>6-27</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>6-27</i> , 19 <i>52</i> , and that death occurred at <i>4:00 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Sharon Harold Kay</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>6-27-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>7-1-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Brooklyn Md</i>	
24D. LOCATION (City, town, or county) (State) <i>Brooklyn Md</i>		24E. FUNERAL DIRECTOR <i>Cheryl O. Wilson 10000 Beauty Lane</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 1 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>			

DALLAS CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

111

Name of Deceased		Date of Birth		Sex		Race		Marital Status		Occupation		Cause of Death		Place of Death		Time of Death		Signature of Physician		Signature of Registrar	
John Doe		1/1/1900		Male		White		Married		Teacher		Heart Disease		Home		10:00 AM		[Signature]		[Signature]	
Date of Death		Place of Burial		Buried		Interment		Funeral Home		Funeral Service		Funeral Expenses		Funeral Notice		Funeral Program		Funeral Home		Funeral Service	
1/10/1950		Cemetery		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes	
Age at Death		Sex at Birth		Race at Birth		Marital Status at Birth		Occupation at Birth		Cause of Death at Birth		Place of Death at Birth		Time of Death at Birth		Signature of Physician at Birth		Signature of Registrar at Birth		Signature of Physician at Death	
45		Male		White		Married		Teacher		Heart Disease		Home		10:00 AM		[Signature]		[Signature]		[Signature]	
Date of Death		Place of Burial		Buried		Interment		Funeral Home		Funeral Service		Funeral Expenses		Funeral Notice		Funeral Program		Funeral Home		Funeral Service	
1/10/1950		Cemetery		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes		Yes	

52-25

240
52 6158
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6158
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Alyne Bagle</i>		2. DATE OF DEATH <i>July - 1 - 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Med. Dist. 4</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>16-02</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>807 N. Gilman St.</i>	
5. SEX <i>female</i>	6. COLOR OR RACE <i>negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>S.</i>	8. DATE OF BIRTH <i>4-16-08</i>
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>none</i>	9. AGE (In years last birthday) <i>44</i>
11. BIRTHPLACE (State or foreign country) <i>Balt Md</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Frank Bagle</i>		14. MOTHER'S MAIDEN NAME <i>Anna Barnett</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>112-03-3201</i>	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>600.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Chronic pyelonephritis</i> DUE TO (A) _____ (B) _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>10-15 yrs.</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) _____ (B) _____ (C) _____	

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <i>7-1-52</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from <i>6-1-1952</i> to <i>7-1-1952</i> that I last saw the deceased alive on <i>7-1-1952</i> , and that death occurred at <i>12409</i> from the causes and on the date stated above.			
23A. SIGNATURE <i>George G. Edwards</i> M. D.		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
23C. DATE SIGNED <i>7-1-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>7-3-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Not Autumn Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Balt Md</i>

DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 1 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Frances A. Hemlock</i>	ADDRESS <i>Biddle St 578</i>
VS 150 <i>7208A 55</i>			

MEDICAL CERTIFICATION

52 6159

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6159

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HENRY KAHL

2. DATE
OF
DEATH

JUNE 30-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MARYLAND

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)

1926 West Baltimore St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE CITY

20-01

HOSPITAL OR INSTITUTION

D. STREET ADDRESS (If rural, give location)

1926 West Baltimore Street

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan:12:1871

9. AGE (In years last birthday)

81

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

*

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Henry Kahl

14. MOTHER'S MAIDEN NAME

Christine Wise

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

None.

17. INFORMANT

ADDRESS

Mrs. Murray A. Harrison Same

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Coronary Atherosclerosis & Myocardial Infarction
DUE TO Arteriosclerosis, Generalized

7 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertension
DUE TO Progressive Hypertrophy - Uremia

10 yrs.

5 yrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 12, 1946, to June 29, 1952, that I last saw the deceased alive on 19, and that death occurred at 4 A. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

JULY 2-52

Cedar Hill Cemetery

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 2 1952

Huntington Williams, M.D.

F. B. Wippert & Son.

VS 150

Dr. Bogorad

F.B. WIPPERT & SON 1300 EUTAW PL.17

MEDICAL CERTIFICATION

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52 6160BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6160

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Elijah Edward BELL		2. DATE OF DEATH June 29, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland b. FULL NAME OF (If not in hospital or institution, give street address or location) Franklin Square Hospital		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-01 d. STREET ADDRESS (If rural, give location) 1902 W. Mulberry Street	
5. SEX Male		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH March 18, 1904	
9. AGE (In years last birthday) 48		10. UNDER 1 Year Months: Days 11. UNDER 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian		10B. KIND OF BUSINESS OR INDUSTRY Balto. City School Board	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Elijah Edward Bell		14. MOTHER'S MAIDEN NAME Mary-----	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes W.W. 2		16. SOCIAL SECURITY NO. 316 07 2988	
17. INFORMANT Mr. Raymond B. Case, 201 Edgevale Rd		ADDRESS	

18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Arteriosclerotic Cardiovascular Disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

2. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
M.D. ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....23C. DATE SIGNED
6/30/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Page 10, 1982

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52 6161

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6161

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs Juney Osborne

2. DATE
OF
DEATH

7/2/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

Baltimore Co

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Reisterstown (Rural)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birth day)If Under 1 Year
Months: DaysIf Under 24 hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Arthur Crake - Reisterstown Md

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Myocardial Infarction & acute pulmonary edema
12 YRS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Cerebral Insufficiency and A3 CVD

(C) DUE TO

Hypertensive cardiac vascular disease

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK22. I hereby certify that I attended the deceased from 7/1, 1950, to 7/2, 1952, that I last saw the
deceased alive on 7/2, 1950, and that death occurred at 103 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Charles B. Adams, Jr. M.D.

23B. ADDRESS
23C. DATE SIGNED
7/3/5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 2 1952

Huntington Williams, M.D.

Edwin E. Dutton, Hampstead Md

52 6162

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6162
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) BEVERLEY L. JACKSON			2. DATE OF DEATH June 29, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY 7-03		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Morgue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 2315 Madison Street		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH May 6, 1890	9. AGE (in years last birthday) 62	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Jobber		10B. KIND OF BUSINESS OR INDUSTRY For self	11. BIRTHPLACE (State or foreign country) Gloster Co. Va.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Ned Jackson			14. MOTHER'S MAIDEN NAME Lucy Hill		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 212-28-4749	17. INFORMANT ADDRESS William Jackson 1431 W. Lafayette Ave.		

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease DUE TO (A) _____ ANTECEDENT CAUSES (B) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William Wood</i>		23B. CHIEF MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED 6/30/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7-2-52	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	24D. LOCATION (City, town, or county) (State) Balto. Md	
DATE RECEIVED BY LOCAL REGISTRAR JUL 2 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>Samuel W. Sullivan Jr</i> 4906A 90115th Arlington Ave

MEDICAL CERTIFICATION

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EXHIBIT CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Residence

DATE OF DEATH

TIME

PLACE

Cause

Signature

Witness

Physician

Coroner

Registrar

Minister

Other

Signature

Witness

Physician

Coroner

Registrar

Minister

Other

Signature

Witness

Physician

Coroner

Registrar

Minister

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Witness

Physician

Coroner

Registrar

Minister

Other

Signature

Witness

Physician

Coroner

Registrar

52 6164

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6164
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ADDIE PETTY		2. DATE OF DEATH June 29, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City B. FULL NAME OF (If not in hospital or institution, give street address or location) Provident Hospital		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 16-02 C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore D. STREET ADDRESS (If rural, give location) 806 N. Stricker Street	
5. SEX Female		6. COLOR OR RACE Colored	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced		8. DATE OF BIRTH Aug.-16-1905	
9. AGE (In years last birthday) 46		10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nurse		10B. KIND OF BUSINESS OR INDUSTRY Nurcing Home	
11. BIRTHPLACE (State or foreign country) Religh N.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Robert Jones		14. MOTHER'S MAIDEN NAME Ella Adams	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Robert Jones		ADDRESS 414 N. Parish St	

18. E910.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Skull Fracture DUE TO Cerebral Contusion DUE TO Cerebral Edema		INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) street		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1500 W. Lanvale Street
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 6/19/52 4:45 P. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Struck by falling bricks

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William V. Williams</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR		23C. DATE SIGNED 6/30/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/3/1952		24C. NAME OF CEMETERY OR CREMATORY St Anns Cem.
24D. LOCATION (City, town, or county) (State) Religh N.C.				

DATE RECEIVED BY LOCAL REGISTRAR JUL 2 1952		REGISTRAR'S SIGNATURE <i>William V. Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Elroy V. Williams</i>	ADDRESS <i>1000 Bunting Ave</i>
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6165**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) SAMUEL JACKSON			2. DATE OF DEATH June 30, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-05		
D. STREET ADDRESS (If rural, give location) 432 N. Register Street			5. SEX Male		
6. COLOR OR RACE Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept.-19-1891		9. AGE (In years last birthday) 60
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY In General	11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Doster Williams 1421 Barnes St		

18. 023X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Cardiovascular Syphilis X XXXX		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) Central Nervous System Syphilis X XXXX		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

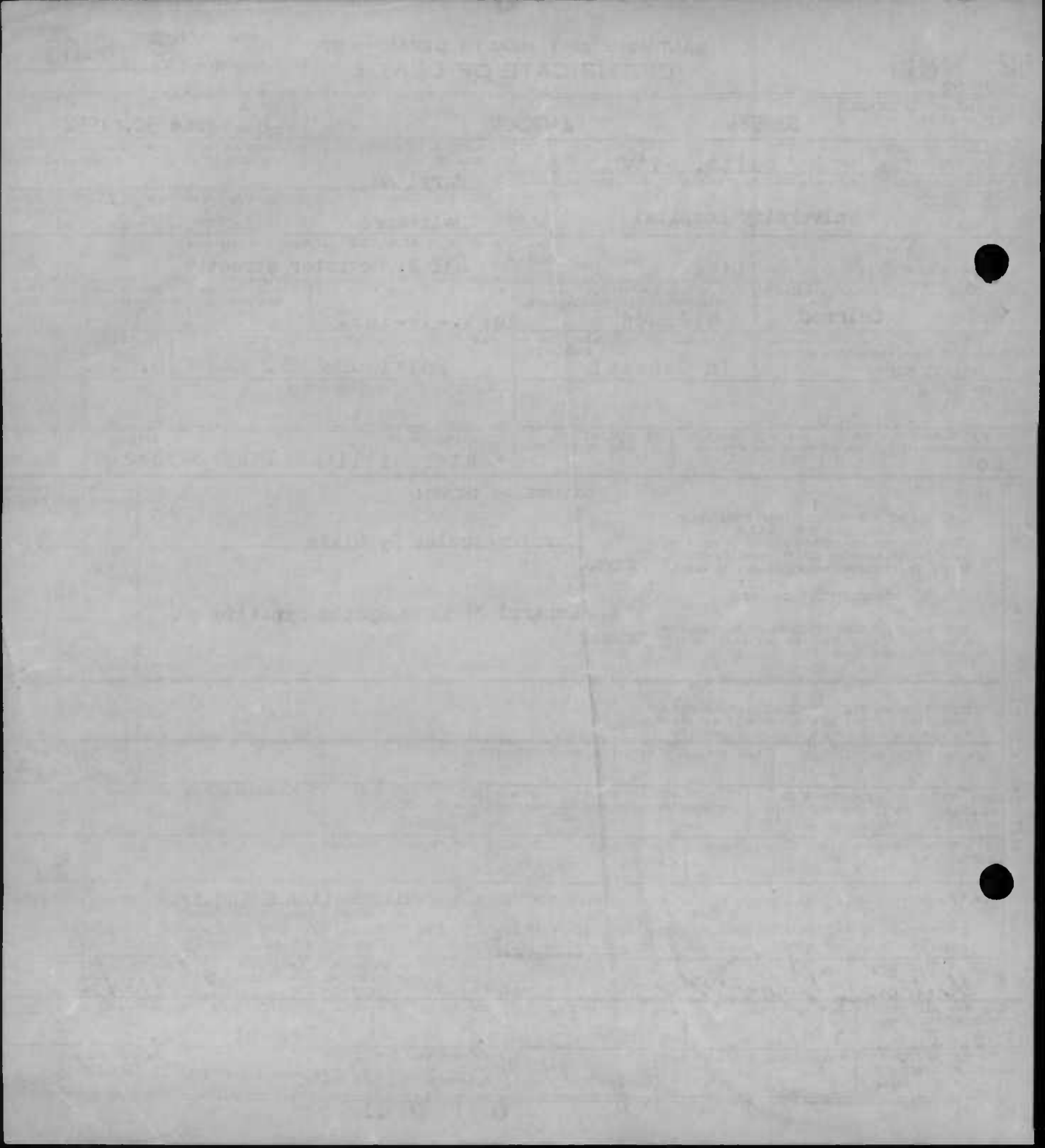
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William Updegraff</i>	23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED 6/30/52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7/2/1952	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	24D. LOCATION (City, town, or county) (State) Brooklyn Md.
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DATE RECEIVED BY LOCAL REGISTRAR JUL 2 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	FUNERAL DIRECTOR <i>Elmer O. Wilson</i>	ADDRESS <i>1100 Brently Ave</i>
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52 6166 F-AL090

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6166

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN RICHBURG

2. DATE
OF
DEATH

June 28, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

JOHNS HOPKINS HOSP

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 8-07

C. Length of stay in Baltimore

15 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1706 Ellsworth St

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

May 4 1902 50

9. AGE (In years
last birthday)If Under 1 Year If Under 24 Hours
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Unemployed

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Alabama

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Richburg

14. MOTHER'S MAIDEN NAME

Estelle Canty

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Estelle Richburg

18. 581.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

Fatty liver

DUE TO

Chronic Alcoholism

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley A. Durelacher M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

June 29, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

July 2/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem.

24D. LOCATION (City, town or county)

A.A. County Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

John H. Williams

25. FUNERAL DIRECTOR

ADDRESS

Mrs. F. G. Elliott & Daughter

VS 151

97099

11247 N. Caroline St.

MEDICAL CERTIFICATION

8070

S

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1918

1/1

[Faint, mostly illegible text, likely bleed-through from the reverse side of the document. Discernible words include:]

NAME: *[illegible]*
AGE: *[illegible]*
SEX: *[illegible]*
DATE OF BIRTH: *[illegible]*
PLACE OF BIRTH: *[illegible]*
OCCUPATION: *[illegible]*
CAUSE OF DEATH: *[illegible]*
DATE OF DEATH: *[illegible]*
PLACE OF DEATH: *[illegible]*
SIGNATURE: *[illegible]*
TESTIFYING PHYSICIAN: *[illegible]*
DEATH CERTIFICATE NO.: *[illegible]*

20
52 6167BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6167
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAKE

POLK

2. DATE
OF
DEATH

June 24, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

University Hospital

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1057 N. Gay Street.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

7 7 1903

9. AGE (In years
last birthday)

49

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Gen.

11. BIRTHPLACE (State or foreign country)

Penn.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mamie Scruggs-

18. E921.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Aspiration of vomitus

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

1057 N. Gay Street

7/4

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

found 6-24-52 7:15

21E. INJURY OCCURRED

A. m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Aspiration of vomitus

22. I certify that I took charge of the remains described above, held an autopsy thercon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. Williams

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

June 24, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

DATE RECEIVED BY
LOCAL REGISTRAR

JUL 2 1952

V S 151

N 933-X

97099

1129 N. Caroline St.

24B. DATE

July 2/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem.

24D. LOCATION (City, town, or county)

A. A. County Md.

(State)

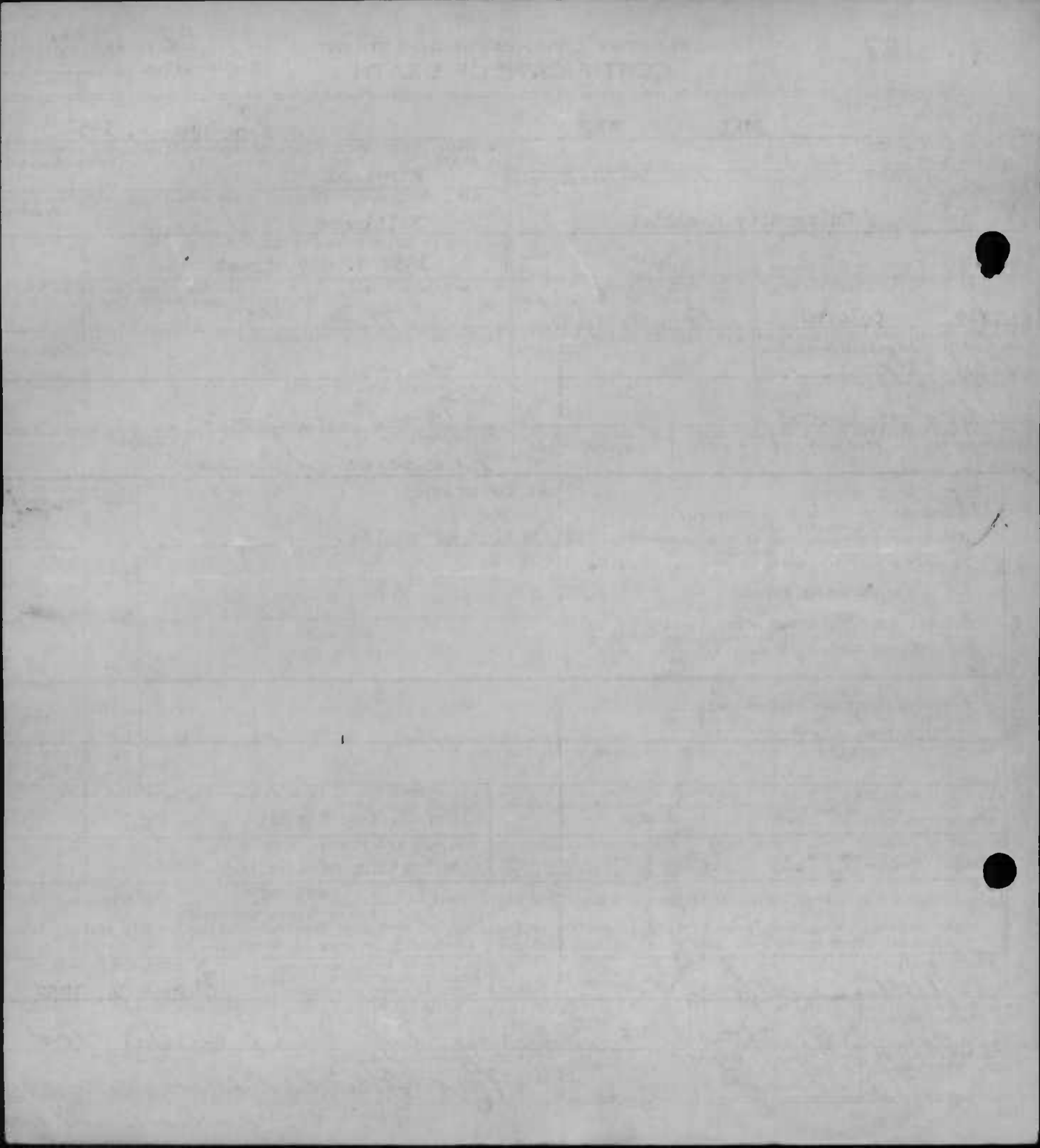
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Robert A. Elliott & Daughter

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 6168

Registered No. _____

52 6168
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Ella Hawkins</i>			2. DATE OF DEATH <i>6-28-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Maryland</i>			4. USUAL RESIDENCE (Where deceased lived, or institution; residence before admission) A. STATE <i>MD</i> B. COUNTY <i>Calvert</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Bar-Wil-Ba 2101 W. Cold Spring</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 9-04</i>		
C. Length of stay in Baltimore <i>5 yrs</i>			D. STREET ADDRESS (If rural, give location) <i>2601 Boone St</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Col</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Nov. 7-1909</i>		9. AGE (in years last birthday) <i>43</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Hair dresser</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Washington D. C.</i>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <i>John H. Hawkins</i>			14. MOTHER'S MAIDEN NAME <i>Margaret Berry</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <i>Dallas Hawkins 3064 Kenyon St</i>		

18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH <i>Cardio Vascular Panel ?</i> DUE TO <i>Disease</i> (B) _____ DUE TO _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *930 a.m.* from the causes and on the date stated above.

23A. SIGNATURE *W. J. Johnson* M. O. *403 Med Arts Bldg* 23B. ADDRESS *6/28-52* 23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>7/2-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>W. J. Calvary Cem</i>	24D. LOCATION (City, town, or county) (State) <i>A. A. Co Md</i>
--	----------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 2 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Rayner Sanders</i>	ADDRESS <i>217 E. Preston</i>
---	---	---	----------------------------------

Institution Case - Desore sent.
7408F

MEDICAL CERTIFICATION

420

52 6169

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6169

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*George Wells*2. DATE
OF
DEATH*5:00 a.m.
June 30, 1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION*Little Sisters of the Poor*

C. Length of stay in Baltimore

*8 years*Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

*white*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Widowed*

8. DATE OF BIRTH

*1868*9. AGE (in years
last birthday)*84*If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Wells

14. MOTHER'S MAIDEN NAME

*Ellen Lakes*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

*Little Sisters of the Poor*18. *420.1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Acute Coronary Thrombosis*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) *Arterio Sclerosis*
DUE TO
(C)INTERVAL BETWEEN
ONSET AND DEATH*2 days**5 yrs*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *June 15*, 19*52*, to *July 1*, 19*52*, that I last saw the
deceased alive on *June 30*, 19*52*, and that death occurred at *5 A* m., from the causes and on the date stated above.

23A. SIGNATURE

E. Gill Hall

M. D.

23B. ADDRESS

1631 E North Ave

23C. DATE SIGNED

*July 1-52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*
DATE RECEIVED BY
LOCAL REGISTRAR

24B. DATE

July 2, 1952

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Baltimore

(State)

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Rela Wiggfield 900 E. Biddle St

ADDRESS

VS 150

MEDICAL CERTIFICATION

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

100

263

52 6170

LE. Gourd
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6170

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)*Le Gourd MARGARET.*2. DATE
OF
DEATH*7-1-1952*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Baltimore city Md.*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

*Maryland*B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION*F. S. H Baltimore Md.*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

*Baltimore**16-07*

C. Length of stay in Baltimore

*Life*Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2940 Winchester St

5. SEX

F.

6. COLOR OR RACE

*W.*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*Married.*

8. DATE OF BIRTH

*3/11 1893*9. AGE (In years
last birthday)*58*If Under 1 Year
Months: Days*8 28*If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Home*10B. KIND OF BUSINESS OR
INDUSTRY*Housewife*

11. BIRTHPLACE (State or foreign country)

*Md.*12. CITIZEN OF
WHAT COUNTRY?*U. S. A.*

13. FATHER'S NAME

*Trott**Samuel Trott*

14. MOTHER'S MAIDEN NAME

*Wessels**Nancy L. Wessell*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*unknown**NO*16. SOCIAL
SECURITY NO.*NO*

17. INFORMANT

ADDRESS

*Mr. Lawrence LeGourd 1017 Woodington Rd.*18. *560.2*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pulmonary Embolism.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Heart failure

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH*3 wk.*II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

6-13-52

19B. MAJOR FINDINGS OF OPERATION

umbilical Hernia

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

Robert L. Clark

23B. ADDRESS

Franklin Square Shop

23C. DATE SIGNED

*6/30/52*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*Burial**July 5, 1952**London Park**Balto.**Md.**JUL 2 1952**Huntington Williams, M.D.**John T. Stansbury 2700 Edmondson Ave*

VS 150

6106107

MEDICAL CERTIFICATION

12-17-70

12-17-70

Handwritten notes and signatures, including "J. Lawrence Nelson" and "J. P. A.", are visible across the page. The text is mirrored and appears to be bleed-through from the reverse side of the document.

52 6171

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6171

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gertrude Meyer

2. DATE
OF
DEATH

7-1-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Sinai Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. 27-16

D. STREET ADDRESS (If rural, give location)

3411 Dupont Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Frederick Co. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John W. Hoover

14. MOTHER'S MAIDEN NAME

Sarah Oswald

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Philip Meyer 3411 Dupont Ave

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute Myocardial Infarction

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Atherosclerotic CVD

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1, 1952, to 7-1, 1952, that I last saw the
deceased alive on 7-1, 1952 and that death occurred at 11 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

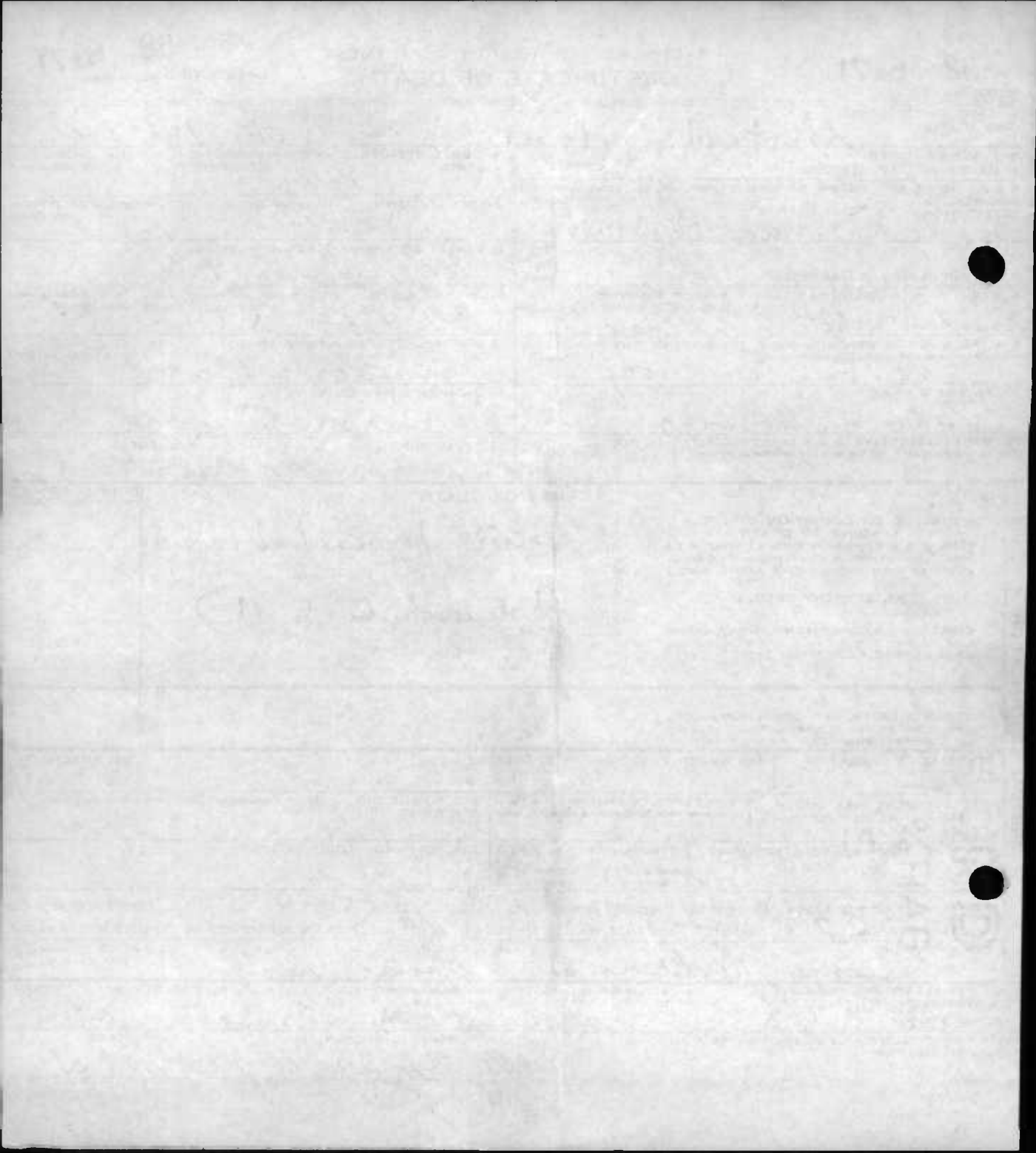
ADDRESS

VS 150

175-00006100

WM Cox Inc. 1217 St. Paul St

MEDICAL CERTIFICATION



7450

52 6172

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6172

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) ELIAS SOLIDOM TELAN			2. DATE OF DEATH July 1, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR US Public Health Service Hospital INSTITUTION Wyman Pk. Drive & 31st Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 11-01		
c. Length of stay in Baltimore ? Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 713 St. Paul Street		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2/25/09		9. AGE (In years last birthday) 43
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Steward		10B. KIND OF BUSINESS OR INDUSTRY Seafarer	11. BIRTHPLACE (State or foreign country) PI		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME Philomina Telan			14. MOTHER'S MAIDEN NAME Triponia Solidom		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. 566-14-4320	17. INFORMANT ADDRESS Records-US PHS Hospital, Balto, Md.		

18. 526x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Postoperative state (thoracotomy) for cystic disease with bronchiectasis of left lung	CAUSE OF DEATH (A) _____ DUE TO _____ (B) _____ DUE TO _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH Approx. 18 hrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 6/30/52	19B. MAJOR FINDINGS OF OPERATION Bronchiectasis & atelectasis of lower lobe and lower medial portion of upper lobe	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **May 20**, 19**52**, to **July 1**, 19**52**, that I last saw the deceased alive on **July 1**, 19**52**, and that death occurred at **1:10 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE J.A. Hunter, Clinical Director	23B. ADDRESS US PHS Hospital, Balto, Md.	23C. DATE SIGNED 7/1/52
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24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 7/3/52	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland
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DATE RECEIVED BY LOCAL REGISTRAR 1952	REGISTRAR'S SIGNATURE Wm. Cook, Inc.	25. FUNERAL DIRECTOR ADDRESS 1217 St. Paul Street
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764556169

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. NAME OF DECEASED		2. SEX		3. AGE		4. DATE OF DEATH	
5. PLACE OF DEATH		6. CAUSE OF DEATH		7. MANNER OF DEATH		8. SIGNATURE OF REGISTRAR	
9. SIGNATURE OF DECEASED		10. SIGNATURE OF WITNESSES		11. SIGNATURE OF PHYSICIAN		12. SIGNATURE OF CLERK	
13. SIGNATURE OF JUDGE		14. SIGNATURE OF SHERIFF		15. SIGNATURE OF CORONER		16. SIGNATURE OF JURY	
17. SIGNATURE OF JURY		18. SIGNATURE OF JURY		19. SIGNATURE OF JURY		20. SIGNATURE OF JURY	
21. SIGNATURE OF JURY		22. SIGNATURE OF JURY		23. SIGNATURE OF JURY		24. SIGNATURE OF JURY	
25. SIGNATURE OF JURY		26. SIGNATURE OF JURY		27. SIGNATURE OF JURY		28. SIGNATURE OF JURY	
29. SIGNATURE OF JURY		30. SIGNATURE OF JURY		31. SIGNATURE OF JURY		32. SIGNATURE OF JURY	
33. SIGNATURE OF JURY		34. SIGNATURE OF JURY		35. SIGNATURE OF JURY		36. SIGNATURE OF JURY	
37. SIGNATURE OF JURY		38. SIGNATURE OF JURY		39. SIGNATURE OF JURY		40. SIGNATURE OF JURY	
41. SIGNATURE OF JURY		42. SIGNATURE OF JURY		43. SIGNATURE OF JURY		44. SIGNATURE OF JURY	
45. SIGNATURE OF JURY		46. SIGNATURE OF JURY		47. SIGNATURE OF JURY		48. SIGNATURE OF JURY	
49. SIGNATURE OF JURY		50. SIGNATURE OF JURY		51. SIGNATURE OF JURY		52. SIGNATURE OF JURY	
53. SIGNATURE OF JURY		54. SIGNATURE OF JURY		55. SIGNATURE OF JURY		56. SIGNATURE OF JURY	
57. SIGNATURE OF JURY		58. SIGNATURE OF JURY		59. SIGNATURE OF JURY		60. SIGNATURE OF JURY	
61. SIGNATURE OF JURY		62. SIGNATURE OF JURY		63. SIGNATURE OF JURY		64. SIGNATURE OF JURY	
65. SIGNATURE OF JURY		66. SIGNATURE OF JURY		67. SIGNATURE OF JURY		68. SIGNATURE OF JURY	
69. SIGNATURE OF JURY		70. SIGNATURE OF JURY		71. SIGNATURE OF JURY		72. SIGNATURE OF JURY	
73. SIGNATURE OF JURY		74. SIGNATURE OF JURY		75. SIGNATURE OF JURY		76. SIGNATURE OF JURY	
77. SIGNATURE OF JURY		78. SIGNATURE OF JURY		79. SIGNATURE OF JURY		80. SIGNATURE OF JURY	
81. SIGNATURE OF JURY		82. SIGNATURE OF JURY		83. SIGNATURE OF JURY		84. SIGNATURE OF JURY	
85. SIGNATURE OF JURY		86. SIGNATURE OF JURY		87. SIGNATURE OF JURY		88. SIGNATURE OF JURY	
89. SIGNATURE OF JURY		90. SIGNATURE OF JURY		91. SIGNATURE OF JURY		92. SIGNATURE OF JURY	
93. SIGNATURE OF JURY		94. SIGNATURE OF JURY		95. SIGNATURE OF JURY		96. SIGNATURE OF JURY	
97. SIGNATURE OF JURY		98. SIGNATURE OF JURY		99. SIGNATURE OF JURY		100. SIGNATURE OF JURY	

245
52 6173
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6173

1. NAME OF DECEASED (Type or Print) Elizabeth Kaissling		2. DATE OF DEATH June 29, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1811 Raynor Avenue		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1811 Raynor Avenue	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 7, 1868
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY own home	9. AGE (in years, last birthday) 83
11. BIRTHPLACE (State or foreign country) Philadelphia, Pennsylvania		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME McCaffery		14. MOTHER'S MAIDEN NAME --	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Elizabeth Osborne, 1325 E. North Ave.		ADDRESS	

18. 422.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic Myocarditis (A) DUE TO		CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 7 1952 to June 29, 1952, that I last saw the deceased alive on June 25, 1952 and that death occurred at 4:05 p.m., from the causes and on the date stated above.					
23A. SIGNATURE George E. Shannon		23B. ADDRESS 520 Medical & Hlth Bldg		23C. DATE SIGNED 7/1/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) burial		24B. DATE 7/2/52		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery	
				24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	

DATE RECEIVED BY LOCAL REGISTRAR JUL 2 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. Cook, Inc.	
				ADDRESS 1217 St. Paul Street	

VS 150

250
52 6174
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6174

1. NAME OF DECEASED
(Type or Print)

WILLIAM E. Mc KINNEY

2. DATE
OF
DEATH

June 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Union Memorial Hosp

C. Length of stay in Baltimore

20

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write R.R. and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

117 W. SARATOGA ST.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CARETAKER

10B. KIND OF BUSINESS OR INDUSTRY

PUBLIC BLDG.

13. FATHER'S NAME

WM. McKINNEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL SECURITY NO.

217-09-4756

17. INFORMANT

MRS. WARREN GROVE

ADDRESS
1920 WILLOW SP. RD.
DUNDALK, MD

CAUSE OF DEATH

18. E823.4

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Multiple fractures + contusions

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

Fracture of skull

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Highway

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

Route 1 2 miles S of Kingsville

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

June 29, 1952 5A.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Passenger in auto that ran off road

22. I certify that I took charge of the remains described above, held an inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

Stanley H. Dunderker M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

June 29, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

7-3-52

24C. NAME OF CEMETERY OR CREMATORY

METHODIST CHURCH CEM.

24D. LOCATION (City, town, or county)

NORTH-EAST, MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wells Book Bldg., Dundalk, Md

1111

5

RECEIVED BY THE
STATE OF CALIFORNIA

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420

52 6175

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6175

1. NAME OF DECEASED (Type or Print) <i>Joseph Layton Hallis</i>		2. DATE OF DEATH <i>June 29, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1205 Smithson St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 16-01</i>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1205 Smithson St.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Apr. 6, 1894</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Chauffeur</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Private</i>	9. AGE (in years last birthday) <i>58</i>
11. BIRTHPLACE (State or foreign country) <i>Centerville, Md.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>Joseph Hallis</i>		14. MOTHER'S MAIDEN NAME <i>Bessie Rozier</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) <i>Yes</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT <i>Solomon Niles</i>		ADDRESS <i>5-27</i>	
18. <i>002X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <i>Pulmonary Tuberculosis?</i>	
DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
II ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>June 27, 1952</i> , to <i>June 29, 1952</i> , that I last saw the deceased alive on <i>June 3, 1952</i> , and that death occurred at <i>9:30 P.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>S. P. Solomon</i>		23B. ADDRESS <i>403 Med Arts Bldg</i>	
23C. DATE SIGNED <i>7-1-52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>July 3, 1952</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Baldwin Hill</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 2 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>Chattland</i>		ADDRESS <i>2631 Prosser Hill Ave</i>	

10/10/50

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

10/10/50

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10/10/50 BY 1043
EX-100

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10/10/50 BY 1043
EX-100

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10/10/50 BY 1043
EX-100

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10/10/50 BY 1043
EX-100

ALL INFORMATION CONTAINED
HEREIN IS UNCLASSIFIED
DATE 10/10/50 BY 1043
EX-100

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 6176
Registered No.

255
52 6176
BIRTH NO. 52-15814

1. NAME OF DECEASED (Type or Print) BABY BOY JOSEPHANS			2. DATE OF DEATH 7-1-52		
3. PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
5. FULL NAME OF HOSPITAL OR INSTITUTION Hospital for Women of Maryland			C. CITY OR TOWN Essex - 11-53-54		
6. Length of stay in Baltimore _____ Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 1507 Eastern Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) _____	8. DATE OF BIRTH 6-30-52	9. AGE (In years last birthday) _____	If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____		10B. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Baltimore - Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Frederick Josephans			14. MOTHER'S MAIDEN NAME Dorothy Louise Bergman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS _____		

<p>18. 761.0 CAUSE OF DEATH</p> <p>DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)</p> <p align="center">Intex-cranial Hemorrhage</p> <p>(A) _____ DUE TO _____</p> <p align="center">12 hrs 15 min</p> <p>INTERVAL BETWEEN ONSET AND DEATH</p> <p>ANTECEDENT CAUSES</p> <p>DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.</p> <p>(B) _____ DUE TO _____</p> <p>(C) _____</p> <p align="center">II</p> <p>OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.</p>	
---	--

19A. DATE OF OPERATION 6-30-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-30-52 to 7-1-52 , that I last saw the deceased alive on 7-1-52 and that death occurred at 1230 Am. , from the causes and on the date stated above.					
23A. SIGNATURE Perry O. Powell Jr.		23B. ADDRESS Hospital for Women of Md. Baltimore		23C. DATE SIGNED 7-1-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7/2/52	24C. NAME OF CEMETERY OR CREMATORY Green Lake	24D. LOCATION (City, town, or county) (State) Stonors Run Md		
DATE RECEIVED BY LOCAL REGISTRAR JUL 2 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Sassett Funeral Home		ADDRESS Baltimore	

MEDICAL CERTIFICATION

818 85

52-1-5

24 25

52-1-5

WILLIAM

CONTRACTS

(1947)

WILLIAM CONTRACTS (1947)

8-1-5

452
52 6177

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6177

1. NAME OF DECEASED (Type or Print) FRANCES BALL WANZ		2. DATE OF DEATH July 1-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Crawford Retreat 2117 Dennison Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. City 3-01	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1610 Portugal St	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Sept. 1898
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 54
11. BIRTHPLACE (State or foreign country) Porto Rico		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Senen Echavarria		14. MOTHER'S MAIDEN NAME Juana Torres	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Marion Dieppa		ADDRESS Street Md. Harford Co.	
18. 442x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO ANTECEDENT CAUSES Hypertensive C.V.R.D. DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH Sudden 2 yr.	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7/17 , 19 51 , to 7/1 , 19 52 , that I last saw the deceased alive on 7/1 , 19 52 , and that death occurred at 9 A. m., from the causes and on the date stated above.			
23A. SIGNATURE Joseph S. Blum		23B. ADDRESS 1115 - h. Calver St	
23C. DATE SIGNED 7/1/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE July 4-1952	
24C. NAME OF CEMETERY OR CREMATORY Holy Cross		24D. LOCATION (City, town, or county) (State) A. A. Co. Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUL 2 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Wm. S. Ziolkowski		ADDRESS 2007 Eastern Ave.	

MEDICAL CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
OFFICE OF THE REGISTRAR
ALBANY, N. Y.

FRANCIS J. J. J. J.

THE REGISTRAR

ALBANY, N. Y.

ALBANY, N. Y.

ALBANY, N. Y.

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ALBANY, N. Y.

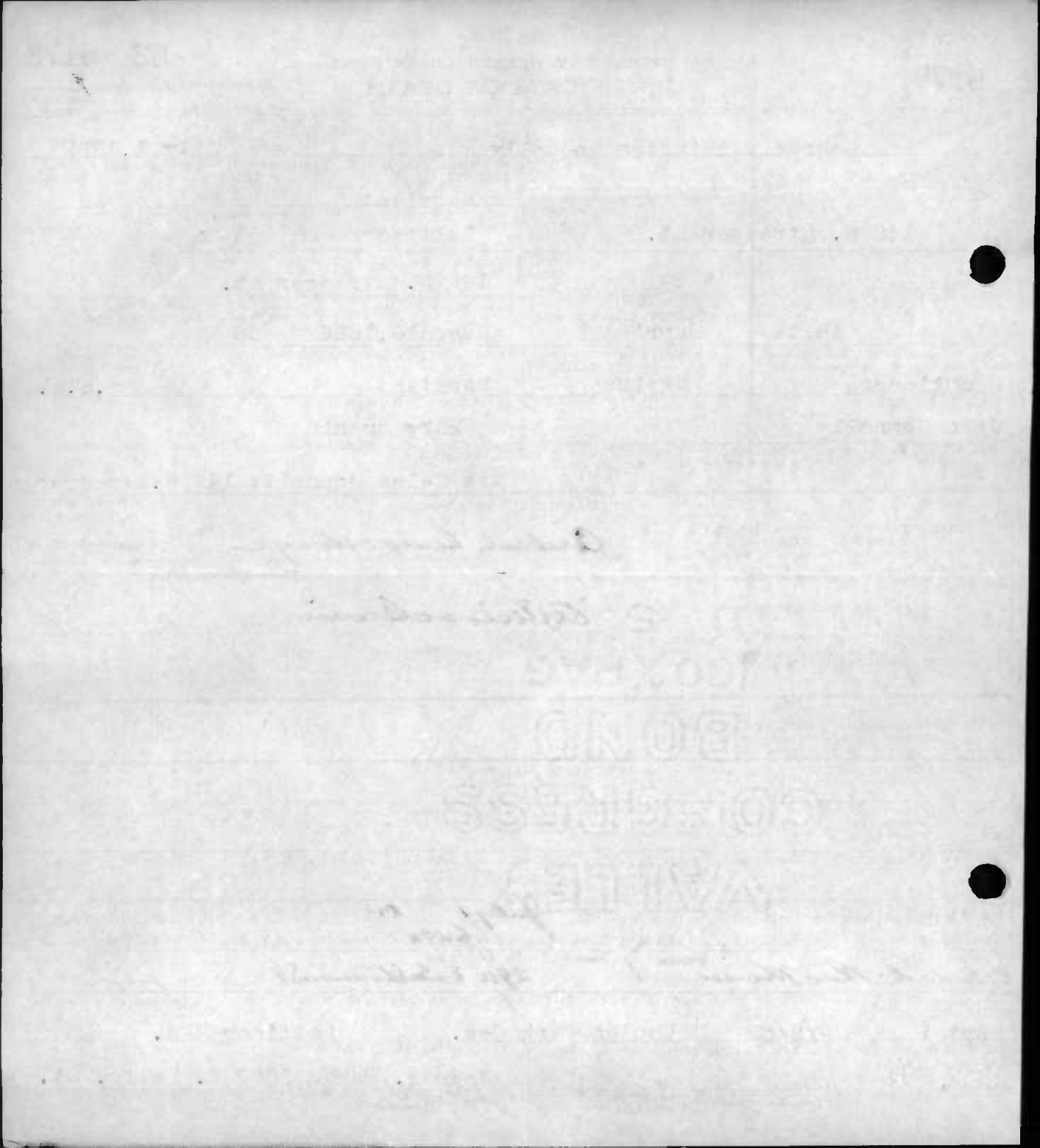
540
2 6178

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6178

Registered No. _____

1. NAME OF DECEASED (Type or Print) George Washington Connolly		2. DATE OF DEATH July 1, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION 142 N. Streeper St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore ? ? Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 142 N. Streeper St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 10, 1884
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer		10B. KIND OF BUSINESS OR INDUSTRY Marine	9. AGE (In years last birthday) 68
13. FATHER'S NAME John Connolly		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ? (If yes, give war & dates of service) ?		11. BIRTHPLACE (State or foreign country) Maryland	
16. SOCIAL SECURITY NO. ?		14. MOTHER'S MAIDEN NAME Mary Cronin	
18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cardial hemorrhage DUE TO Arteriosclerosis DUE TO ?		17. INFORMANT ADDRESS Mrs Selma Connolly 142 N. Streeper St.	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 1, 1952 , to July 1, 1952 , that I last saw the deceased alive on July 1, 1952 , and that death occurred at 6:00 a.m. , from the causes and on the date stated above.			
23A. SIGNATURE Charles C. MacMinn		23B. ADDRESS 2900 E. Baltimore St.	
23C. DATE SIGNED July 2, 1952		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 7/5/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	
24D. LOCATION (City, town or county) (State) Baltimore Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR JUL 2 1952	
24F. REGISTRAR'S SIGNATURE Huntington Holmes		25. FUNERAL DIRECTOR John A. Moran	
25. ADDRESS 3000 E. Balto. St.		VS 150	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6179**

462
BIRTH NO. **2 6179**

1. NAME OF DECEASED (Type or Print) Mary Alice Clarke			2. DATE OF DEATH June 30, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 125 N. Highland Ave.			C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 125 N. Highland Ave.		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 4, 1863	9. AGE (In years last birthday) 88	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ?		10B. KIND OF BUSINESS OR INDUSTRY ?	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME John T. Clarke			14. MOTHER'S MAIDEN NAME Mary A. Jonshon		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT ADDRESS Miss Miria V. Clarke 125 N. Highland Av		
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Anterior Chorditis C. V. Disease DUE TO Chronic Myocarditis DUE TO Myocardial Failure DUE TO Blindness			INTERVAL BETWEEN ONSET AND DEATH 2-15-51 2-15-51 June 1 1952 6 yrs.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH none		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) none		21C. WHERE DID INJURY OCCUR? none	
21D. TIME (Month) (Day) (Year) (Hour) INJURY none		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? none	
22. I hereby certify that I attended the deceased from 2-15-187 , to June 30, 1952 , that I last saw the deceased alive on June 30, 1952 , and that death occurred at 12:30 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE F. Schimmick		23B. ADDRESS 842 S. Fox Ave		23C. DATE SIGNED 7-1-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/3/52	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.	24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUL 2 1952		REGISTRAR'S SIGNATURE Huntington W. D.		25. FUNERAL DIRECTOR ADDRESS John A. Moran 3000 E. Balto. St.	

MEDICAL CERTIFICATION

1940

CERTIFICATE OF MARRIAGE

STATE OF TEXAS

COUNTY OF DALLAS

BEFORE ME, the undersigned authority, on this day personally appeared

JOHN DAVID SMITH, known to me to be the person whose name is subscribed to the foregoing

instrument, and acknowledged to me that he executed the same for the purposes and consideration therein expressed.

Given under my hand and seal of office this day of

1940, at the City of Dallas, Texas.

Notary Public in and for the State of Texas

My Commission Expires

My Comm. No.

My Exp. No.

Witness my hand and seal of office this day of

1940, at the City of Dallas, Texas.

Notary Public in and for the State of Texas

My Commission Expires

My Comm. No.

My Exp. No.

Witness my hand and seal of office this day of

1940, at the City of Dallas, Texas.

Notary Public in and for the State of Texas

My Commission Expires

My Comm. No.

My Exp. No.

Witness my hand and seal of office this day of

1940, at the City of Dallas, Texas.

Notary Public in and for the State of Texas

My Commission Expires

My Comm. No.

My Exp. No.

Witness my hand and seal of office this day of

1940, at the City of Dallas, Texas.

Notary Public in and for the State of Texas

My Commission Expires

My Comm. No.

My Exp. No.

Witness my hand and seal of office this day of

1940, at the City of Dallas, Texas.

Notary Public in and for the State of Texas

My Commission Expires

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

52 6180

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ETHEL SACKER BROWN

2. DATE
OF
DEATH

JULY 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

723 E. 34TH ST.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTO

D. STREET ADDRESS (If rural, give location)

723 E. 34TH ST.

c. Length of stay in Baltimore

44 YRS.

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

JULY 22, 1872

9. AGE (In years last birthday)

79

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

DEPT. STORE

10B. KIND OF BUSINESS OR INDUSTRY

FURRIER

11. BIRTHPLACE (State or foreign country)

ENGLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

BROWN

14. MOTHER'S MAIDEN NAME

STOKLE

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

212-07-4977

17. INFORMANT

R. H. WIGZELL

ADDRESS

SAME

18.

420.0 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **arterio sclerosis heart disease**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **arterio sclerosis**
DUE TO

(C)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

Indistinct

Yes

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **6/2**, 19**52**, to **7/1**, 19**52**, that I last saw the deceased alive on **7/1**, 19**52**, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

M. D.

23B. ADDRESS

2040 N. Charles

23C. DATE SIGNED

7/1/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

7-3-1952

24C. NAME OF CEMETERY OR CREMATORY

PROSPECT HILL

24D. LOCATION (City, town, or county)

TOWSON

(State)

MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

H. W. JENKINS & SONS Co. 4905 York Rd.

DR. G.W. DEHOFF

2020 N. CHARLES

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6181**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EUGENE

2. DATE
OF
DEATH

JULY 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland **2640 N. CALVERT ST.**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write R.U.L. and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

2640 N. CALVERT ST.

C. Length of stay in Baltimore

66 yrs.

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

JULY 1, 1952

9. AGE (In years
last birthday)

80

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk - Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Insurance Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Henry M. Merryman

14. MOTHER'S MAIDEN NAME

Mary Griffith

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT
ADDRESS
Mrs. Ella C. Merryman, 2640 N. Calvert St.

18. **331X I**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral Hemorrhage**

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) **Generalized Arterio-sclerosis**

DUE TO

Over 2 years

(C) **Hypertension**

" "

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

none

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

✓

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Dec 16, 1949** to **July 1, 1952** that I last saw the deceased alive on **July 1, 1952**, and that death occurred at **8:30 P. M.**, from the causes and on the date stated above.

23A. SIGNATURE

Frank N. Giden

23B. ADDRESS

2701 N. Calvert St.

23C. DATE SIGNED

July 1, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

July 3, 1952

24C. NAME OF CEMETERY OR CREMATORY

FRIENDS

24D. LOCATION (City, town, or county) (State)

HARFORD Rd. BALTO. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

JUL 2 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

1900 Eutan Place

1912

57

DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1912

NAME OF DECEASED
AGE
SEX
RACE
DATE OF BIRTH
PLACE OF BIRTH
OCCUPATION
CAUSE OF DEATH
MANNER OF DEATH
PLACE OF DEATH
DATE OF DEATH
TIME OF DEATH
SIGNATURE OF DECEASED
SIGNATURE OF WITNESSES
SIGNATURE OF PHYSICIAN
SIGNATURE OF CLERK
SIGNATURE OF REGISTRAR

NAME OF DECEASED
AGE
SEX
RACE
DATE OF BIRTH
PLACE OF BIRTH
OCCUPATION
CAUSE OF DEATH
MANNER OF DEATH
PLACE OF DEATH
DATE OF DEATH
TIME OF DEATH
SIGNATURE OF DECEASED
SIGNATURE OF WITNESSES
SIGNATURE OF PHYSICIAN
SIGNATURE OF CLERK
SIGNATURE OF REGISTRAR

NAME OF DECEASED
AGE
SEX
RACE
DATE OF BIRTH
PLACE OF BIRTH
OCCUPATION
CAUSE OF DEATH
MANNER OF DEATH
PLACE OF DEATH
DATE OF DEATH
TIME OF DEATH
SIGNATURE OF DECEASED
SIGNATURE OF WITNESSES
SIGNATURE OF PHYSICIAN
SIGNATURE OF CLERK
SIGNATURE OF REGISTRAR

NAME OF DECEASED
AGE
SEX
RACE
DATE OF BIRTH
PLACE OF BIRTH
OCCUPATION
CAUSE OF DEATH
MANNER OF DEATH
PLACE OF DEATH
DATE OF DEATH
TIME OF DEATH
SIGNATURE OF DECEASED
SIGNATURE OF WITNESSES
SIGNATURE OF PHYSICIAN
SIGNATURE OF CLERK
SIGNATURE OF REGISTRAR

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6182**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CAROL MICHAEL KARWACKI			2. DATE OF DEATH July 1, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore,		
6. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 4315 Shramrock Avenue - 6		
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	10. B. DATE OF BIRTH Nov. 1, 1913		11. AGE (in years last birthday) 38
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Milk Man			10B. KIND OF BUSINESS OR INDUSTRY Kress Dairy Co.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph Karwacki			14. MOTHER'S MAIDEN NAME Helen J. Andrysiak		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Naomi Karwacki			ADDRESS Same		

18. 550.1		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		(A) Generalized peritonitis		
DUE TO				
ANTECEDENT CAUSES		(B) Perforated gangrenous appendicitis		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO		
		(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION June 25, 1952		19B. MAJOR FINDINGS OF OPERATION Acute gangrenous appendicitis		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from June 25, 1952 to July 1, 1952 that I last saw the deceased alive on July 1, 1952 and that death occurred at 4:35 p.m. , from the causes and on the date stated above.				
23A. SIGNATURE B. J. Velazquez		23B. ADDRESS 1400 N. Caroline Street - 13		23C. DATE SIGNED July 1, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE July 5, 1952	24C. NAME OF CEMETERY OR CREMATORY St. Stanislaus	24D. LOCATION (City, town, or county) (State) Dundalk Ave Md.
DATE RECEIVED BY LOCAL REGISTRAR JUL 2 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Mrs. Mildred T. Blight 6009 Harford Rd.

500

W

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

1955

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

SEX

RACE

EDUCATION

OCCUPATION

RELIGION

MARRIAGE

PREVIOUS ILLNESS

SMOKING HABIT

ALCOHOLIC HABIT

DIET

EXERCISE

STRESS

EMOTIONAL STATE

PERSONALITY

INTERESTS

HOBBIES

TRAVEL

RELATIONS

CHARACTER

TEMPERAMENT

PHYSICAL BUILD

COMPLEXION

HAIR

EYES

TEETH

NOSE

EARS

SKIN

FEET

HANDS

VOICE

SMELL

TASTE

FEELING

THOUGHT

WILL

POWER

KNOWLEDGE

SKILL

ABILITY

<div style="display: flex; justify-content: space-between;"> 52 6183 BIRTH NO. </div>		<div style="display: flex; justify-content: space-between;"> 7-7-52 STOYANOV </div>		<div style="display: flex; justify-content: space-between;"> 52 6183 Registered No. </div>	
1. NAME OF DECEASED (Type or Print) <i>KATIE Sadie Stoyanov</i>			2. DATE OF DEATH <i>7/2/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Mo.</i> B. COUNTY <i>V-23</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>South Baltimore General Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>St. Louis</i>		
C. Length of stay in Baltimore <i>12 days</i>			D. STREET ADDRESS (If rural, give location) <i>1918 A. Salisbury Street</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	B. DATE OF BIRTH <i>July 2, 1891</i>		9. AGE (in years last birthday) <i>61</i> <div style="display: flex; font-size: small;"> <div>If Under 1 Year</div> <div>Months</div> <div>Days</div> <div>Hours</div> <div>Min.</div> </div>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Char-women</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>City Bldg.</i>		11. BIRTHPLACE (State or foreign country) <i>Hungary</i>
13. FATHER'S NAME <i>?</i>			12. CITIZEN OF WHAT COUNTRY? <i>?</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i> (If yes, give war or dates of service) <i>none</i>			16. SOCIAL SECURITY NO. <i>Amelia Merkle 7917 East End Drive</i>		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>416x</i> CAUSE OF DEATH <i>Orchard Beach Md.</i>			INTERVAL BETWEEN ONSET AND DEATH <i>?</i>		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) <i>Congestive Heart Failure</i> DUE TO (B) <i>Rheumatic Heart Disease</i> DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>7/2/52</i> , 19__, to <i>7/2/52</i> , 19__, that I last saw the deceased alive on <i>7/2/52</i> , 19__ and that death occurred at <i>5:10A</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Dr. J. J. Roche</i>		23B. ADDRESS <i>1213 Light St.</i>		23C. DATE SIGNED <i>7/2/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Shipped</i>		24B. DATE <i>July 2, 1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Louis Missouri</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 2 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>KRAUSE FUNERAL HOME 1216 S. CHARLES ST. Balto. 30 Md.</i>	

MEDICAL CERTIFICATION

2014

2014

2014

2014

2014

2014

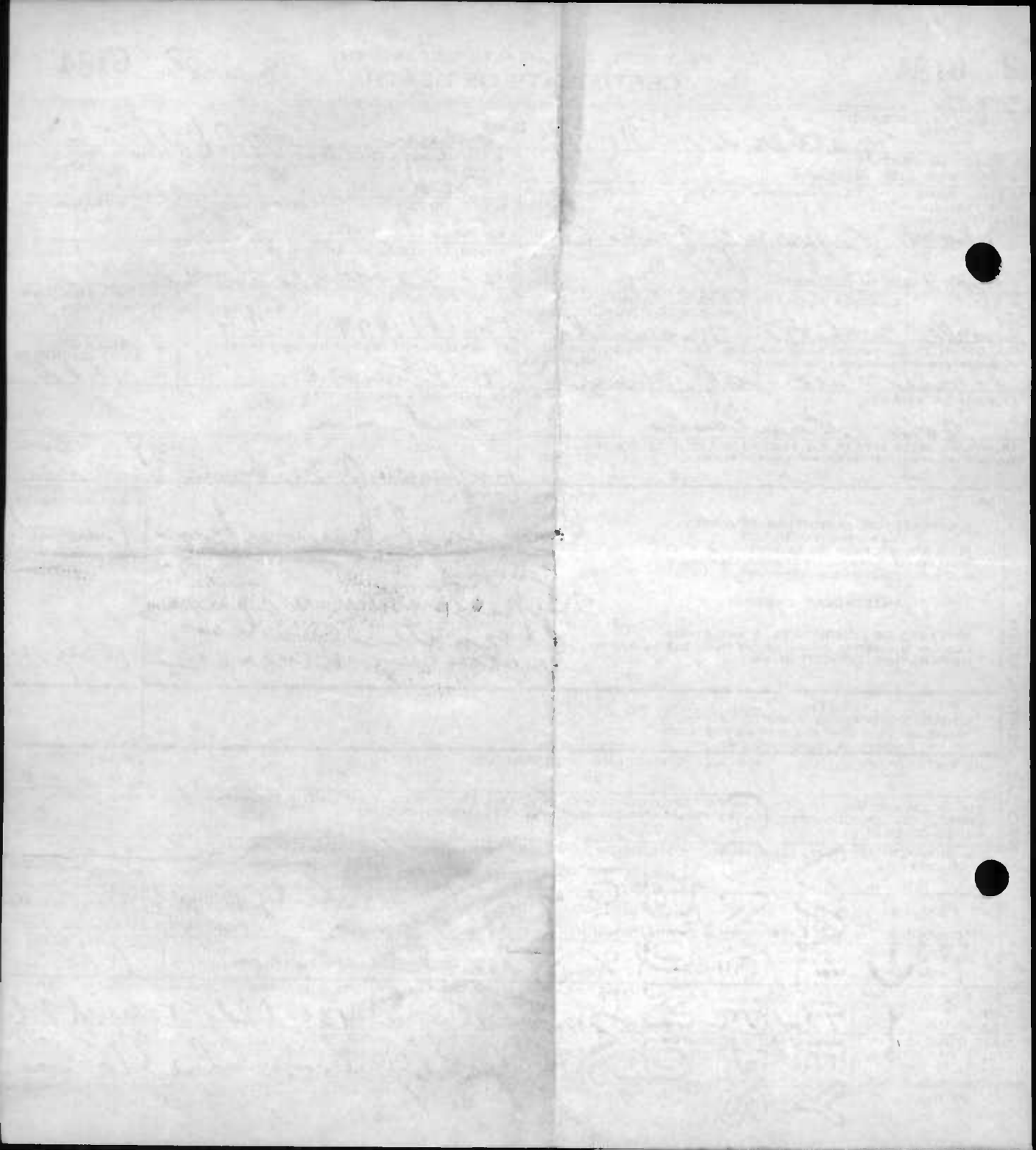
2014

2014

250
52 6184BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6184

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Katherine F. McEann</i>		2. DATE OF DEATH <i>7/1/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Good Nursing Home</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Lansdowne</i>			
C. Length of stay in Baltimore <i>2</i>		D. STREET ADDRESS (If rural, give location) <i>21 Laverne Ave 5351</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>12/12/1917</i>	9. AGE (in years last birthday) <i>34</i>	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at Home</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>John Sunlach</i>		14. MOTHER'S MAIDEN NAME <i>unknown</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>-</i>		16. SOCIAL SECURITY NO. <i>-</i>		17. INFORMANT <i>Mr James J McEann</i>	
18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cerebral hemorrhage</i>		CAUSE OF DEATH (A) DUE TO <i>Hypertensive & atherosclerotic cardiovascular disease</i> (B) DUE TO <i>unstable disease</i> (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>1 month</i> <i>10 yrs</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>May 1</i> , 19 <i>52</i> to <i>July 1</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>6/30</i> , 19 <i>52</i> and that death occurred at <i>11:30</i> p.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Thos E. Curran</i>		23B. ADDRESS <i>3629 Edmondson</i>		23C. DATE SIGNED <i>7/1/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>7/4/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>New Cathedral Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>4300 Old Frederick Rd.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 2 1952</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
24G. FUNERAL DIRECTOR <i>John J. Ewanston</i>		24H. ADDRESS <i>Hollins</i>		24I. VS 150	



252
52 6185

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

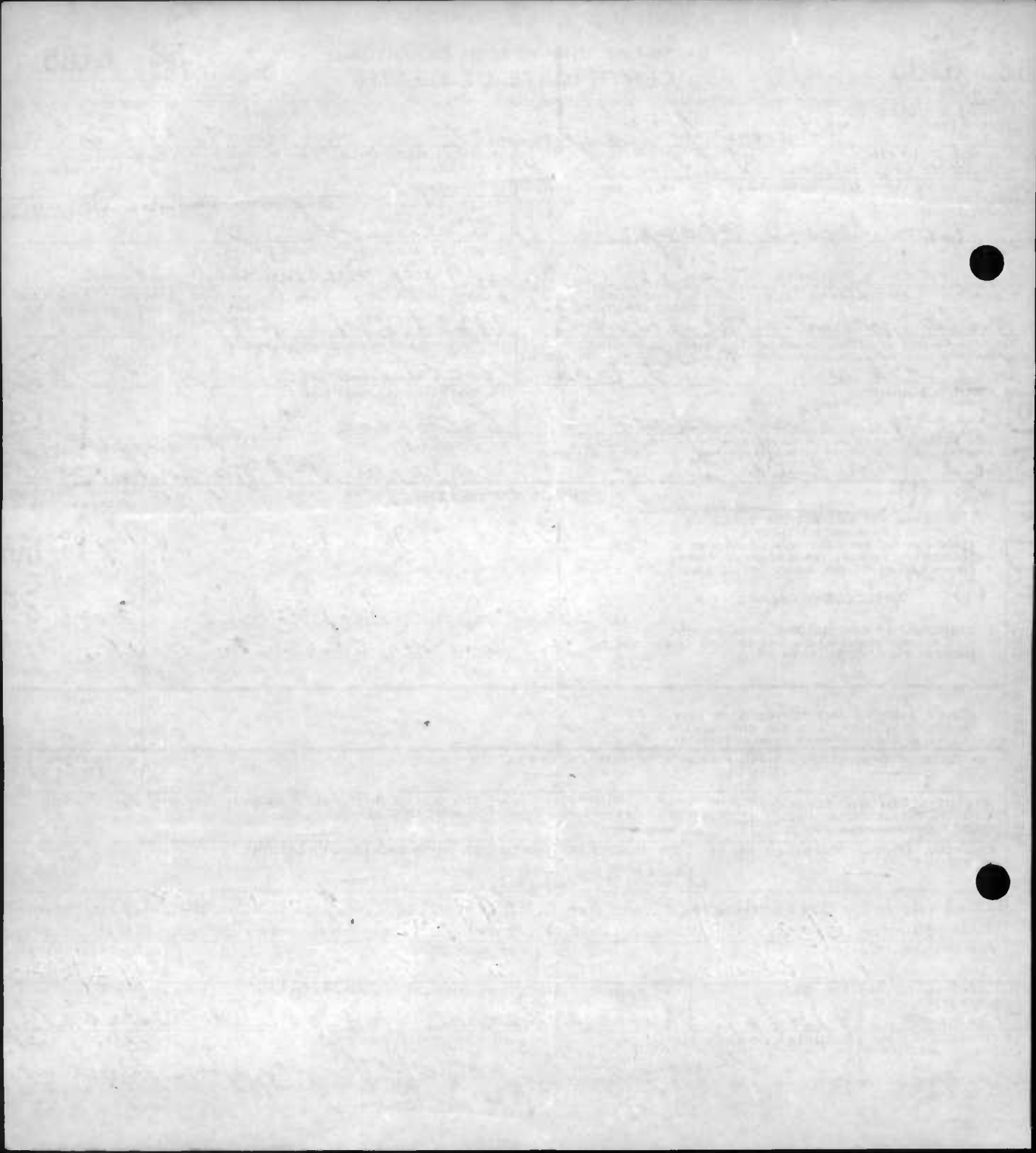
52 6185
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Harry J. Nagengast</i>		2. DATE OF DEATH <i>7/1/52</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>md.</i> b. COUNTY <i>28-04</i>	
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>Bon Secour Hosp.</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>Life</i>		d. STREET ADDRESS (If rural, give location) <i>4714 Frederick Ave</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>2/23/1894</i>
9. AGE (in years last birthday) <i>58</i>		10. Under 1 Year: Months: Days; Under 24 Hours: Hours: Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Die setter</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Barber Bros.</i>	
11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>George Nagengast</i>		14. MOTHER'S MAIDEN NAME <i>Catherine Trany</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>yes</i>		16. SOCIAL SECURITY NO. <i>World War I</i>	
17. INFORMANT <i>Mrs Margaret A Nagengast</i>		ADDRESS <i>4714 Fred.</i>	
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Coronary Thrombosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 yr.</i>	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Bronchitis, Hypertension, Chronic coronary atherosclerosis</i>		(B) <i>3 yrs.</i> (C) <i>16.</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19a. DATE OF OPERATION <i>0</i>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>1949</i> , 19, to <i>June 1</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>6/28</i> , 19 <i>51</i> , and that death occurred at <i>1:30</i> p.m., from the causes and on the date stated above.			
23a. SIGNATURE <i>A. Collins</i>		23b. ADDRESS <i>4714 Frederick Ave</i>	
23c. DATE SIGNED <i>7/2/52</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>7/4/52</i>	
24c. NAME OF CEMETERY OR CREMATORY <i>New Cathedral</i>		24d. LOCATION (City, town, or county) (State) <i>4300 Old Frederick Rd. St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>John J. Lowan & Son</i>		ADDRESS <i>St. Hollins</i>	

MEDICAL CERTIFICATION

JUL 2 1952
VS 150

592 4K



140

CERTIFICATE CORRECTED 7-3-52

52 6186

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6186

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NELLIE M. COVELL

2. DATE
OF
DEATH July 1, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

851 S. Paca St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

851 S. Paca St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Feb. 6, 1885

9. AGE (In years
last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Richard S. Spencer

14. MOTHER'S MAIDEN NAME

Margaret N. Essenberger

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Mary M. Covell-851 S. Paca St.

18. 260x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Uremia

DUE TO

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Chronic Nephritis

DUE TO

6 mos

(C)

Diabetes Mellitus

6 years

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Cerebral Thrombosis, Left

6 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-8, 1951, to 7-1, 1952 that I last saw the
deceased alive on 6-30, 1952, and that death occurred at 6:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

7/3/52

Loudon Park Cem.

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 2 1952

Huntington Williams, M.D.

Thos. J. Lickner & Sons

VS 150

Balto 17, Md.

MEDICAL CERTIFICATION

8-1588

CERTIFICATE OF DEATH

8-1588

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346

52 6187

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6187

1. NAME OF DECEASED (Type or Print) <i>Virginia Garrett Butler</i>		2. DATE OF DEATH <i>July 2-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>3439 Guilford Ter.</i>		4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) A. STATE <i>Ind.</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>at home</i>		C. CITY OR TOWN (If outside corporate limits, write R.U.M. and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore <i>63</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>3439 Guilford Ter</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>	8. DATE OF BIRTH <i>Dec-4-1869</i>
9. AGE (in years last birthday) <i>82</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>	11. BIRTHPLACE (State or foreign country) <i>Virginia</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>	12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Hugh W. Garrett</i>		14. MOTHER'S MAIDEN NAME <i>Sanche Dickinson</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT <i>Mrs. Katharine B. Dehler</i>		ADDRESS <i>3439 Guilford Ter.</i>	

18. <i>153x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Carcinoma colon with metastasis</i>	CAUSE OF DEATH (A) <i>Carcinoma colon with metastasis</i> DUE TO (B) DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>June</i> , 1952, to <i>July 2</i> , 1952, that I last saw the deceased alive on <i>July 1</i> , 1952, and that death occurred at <i>5.00 a.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Harold Edward Day</i> M. D.		23B. ADDRESS <i>4-E-33rd St - 18</i>		23C. DATE SIGNED <i>July 2, 1952</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremation</i>		24B. DATE <i>July 3/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Louisa Park</i>		24D. LOCATION (City, town or county) (State) <i>Baltimore</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 2 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Stewart Morris</i>		ADDRESS <i>Balto.</i>	

MEDICAL CERTIFICATION

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6188**

BIRTH NO.

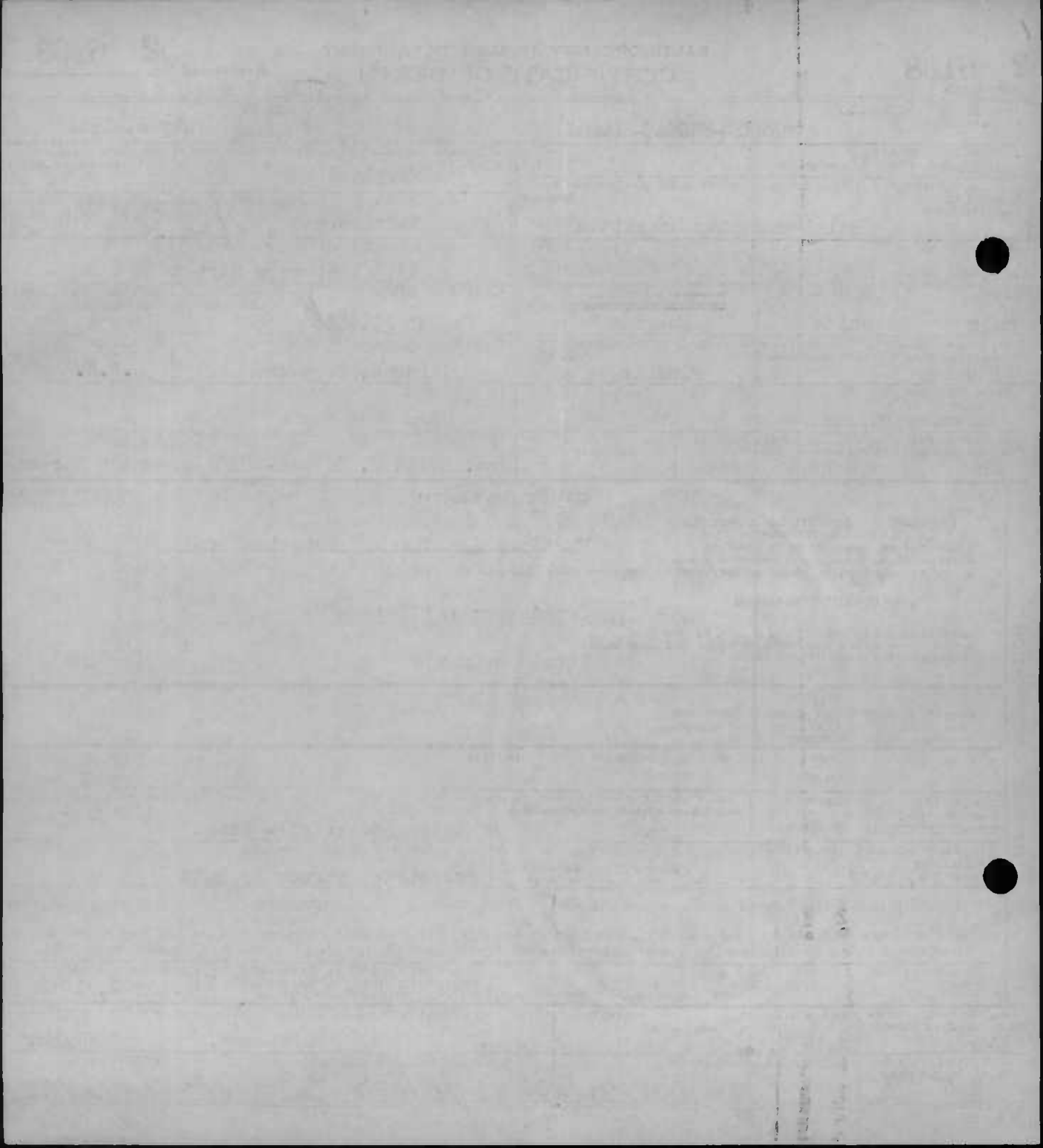
1. NAME OF DECEASED (Type or Print) ANDREW THOMAS BILSON			2. DATE OF DEATH July 2, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1813 Ashburton Street		
5. SEX male	6. COLOR OR RACE white	7. SINGLE MARRIED (Specify)	8. DATE OF BIRTH August 20, 1886	9. AGE (In years last birthday) 65	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Plumber		10B. KIND OF BUSINESS OR INDUSTRY Plumbing	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Francis Bilson			14. MOTHER'S MAIDEN NAME Mary Gray		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mrs. Edith M. Bilson-1813 Ashburton Street		

18. E812.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Multiple fractures, contusions and abrasions DUE TO ANTECEDENT CAUSES (B) Craniocerebral injury DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) Focal pneumonia II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) road	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Martin Boulevard - Essex		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY June 19, 1952	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Pedestrian struck by auto		

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Frank H. Decker</i>		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED July 2, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE July 5, 1952	24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR JUL 2 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR'S ADDRESS <i>Van Pelt & Sons North & Penna. Ave. Balto, Md.</i>		



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 6189****52 6189**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)**SAMUEL LEON SCHIFF**2. DATE
OF
DEATH**July 2, 1952**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION**641 E. 30th Street**4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

641 E. 30th Street

c. Length of stay in Baltimore

32 yrs.Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)**MARRIED**

8. DATE OF BIRTH

Nov. 24, 18909. AGE (In years
last birthday)**61**If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)**Proprietor**10B. KIND OF BUSINESS OR
INDUSTRY**Grocery Store**

11. BIRTHPLACE (State or foreign country)

Russia12. CITIZEN OF
WHAT COUNTRY?**USA.**

13. FATHER'S NAME

Bennett Schiff

14. MOTHER'S MAIDEN NAME

Shrifre Dorman15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Fannie Schiff- 641 E. 30th St.18. **420.1 and 260X**DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **1945**, 19**45**, to **July 2**, 19**52**, that I last saw the
deceased alive on **July 2**, 19**52**, and that death occurred at **4:10** a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 3 - 1952**Huntington Williams, Jr.****Sal. Levinson + Bros - 1124-26 W.**

VS 150

29064 6100**North Avenue**

MEDICAL CERTIFICATION

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

100-4189

CAUSE OF DEATH

DEATH RESULTING FROM THE
LACERATION OF THE
ABDOMEN BY A
SHARP OBJECT
FALLING FROM THE
HAND OF THE
DECEASED

DEATH RESULTING FROM
THE LACERATION OF THE
ABDOMEN BY A
SHARP OBJECT
FALLING FROM THE
HAND OF THE
DECEASED

DEATH RESULTING FROM
THE LACERATION OF THE
ABDOMEN BY A
SHARP OBJECT
FALLING FROM THE
HAND OF THE
DECEASED

DEATH RESULTING FROM
THE LACERATION OF THE
ABDOMEN BY A
SHARP OBJECT
FALLING FROM THE
HAND OF THE
DECEASED

DEATH RESULTING FROM
THE LACERATION OF THE
ABDOMEN BY A
SHARP OBJECT
FALLING FROM THE
HAND OF THE
DECEASED

DEATH RESULTING FROM
THE LACERATION OF THE
ABDOMEN BY A
SHARP OBJECT
FALLING FROM THE
HAND OF THE
DECEASED

DEATH RESULTING FROM
THE LACERATION OF THE
ABDOMEN BY A
SHARP OBJECT
FALLING FROM THE
HAND OF THE
DECEASED

DEATH RESULTING FROM
THE LACERATION OF THE
ABDOMEN BY A
SHARP OBJECT
FALLING FROM THE
HAND OF THE
DECEASED

DEATH RESULTING FROM
THE LACERATION OF THE
ABDOMEN BY A
SHARP OBJECT
FALLING FROM THE
HAND OF THE
DECEASED

DEATH RESULTING FROM
THE LACERATION OF THE
ABDOMEN BY A
SHARP OBJECT
FALLING FROM THE
HAND OF THE
DECEASED

DEATH RESULTING FROM
THE LACERATION OF THE
ABDOMEN BY A
SHARP OBJECT
FALLING FROM THE
HAND OF THE
DECEASED

DEATH RESULTING FROM
THE LACERATION OF THE
ABDOMEN BY A
SHARP OBJECT
FALLING FROM THE
HAND OF THE
DECEASED

340

52 6190
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6190

1. NAME OF DECEASED (Type or Print) HARRY H SEIDEL			2. DATE OF DEATH 7/2/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Jer			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Baltimore B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Md 15-10		
c. Length of stay in Baltimore 10 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3806 Belle Ave		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 3/15/91		9. AGE (in years last birthday) 61
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Real Estate			11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Yubon			14. MOTHER'S MAIDEN NAME Fanne		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Ladies Seidel - 3806 Belle Ave.		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) C-V-A	INTERVAL BETWEEN ONSET AND DEATH 24h
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Ch. Arteriosclerosis Hypertension	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 7-3-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 1, 1952 to July 2, 1952 , that I last saw the deceased alive on July 2, 1952 and that death occurred at 3:59 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Daniel Bakal M.D.		23B. ADDRESS Sinai Hosp.		23C. DATE SIGNED July 2, 1952	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7-3-52	24C. NAME OF CEMETERY OR CREMATORY United Hebrew	24D. LOCATION (City, town, or county) (State) Balto Md
DATE RECEIVED BY LOCAL REGISTRAR JUL 3 - 1952		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, 2100 Canton Pl	

47874

636

52 6191

52 6191

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Martha Colston Carter

2. DATE
OF
DEATH

6/29/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1440 E. Monument St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 10-02

D. STREET ADDRESS (If rural, give location)

1440 E. Monument St.

c. Length of stay in Baltimore

SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 14, 1891

9. AGE (In years last birthday)

61

10. Under 1 Year Months Days

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Westmoreland Co. Va.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

William H. Carter 1440 E. Monument St.

ADDRESS

18. 592X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

Pulmonary Edema

DUE TO

6/29/52

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Urinary Toxemia (uremia)

DUE TO

6/25/52

(C)

Chronic Nephritis

March 1952

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Mitral Insufficiency and Atherosclerosis

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

INJURY

21E. INJURY OCCURRED

WHILE AT

WORK

NOT WHILE

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 18th, 1952, to June 29, 1952, that I last saw the deceased alive on 6/29, 1952, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Ralph J. Young

23B. ADDRESS

1429 E. Monument St.

23C. DATE SIGNED

7/1/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

July 3, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUL 3 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

1216 E. Caroline St.

ADDRESS

VS 150

6180

MEDICAL CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

1911

John H. Wentz

John H. Wentz

1911

John H. Wentz

John H. Wentz

STATE OF DEATH

John H. Wentz

John H. Wentz

John H. Wentz

John H. Wentz

John H. Wentz

John H. Wentz

John H. Wentz

John H. Wentz

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John H. Wentz

John H. Wentz

John H. Wentz

52 6192

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6192
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) *Stattie Mary*

2. DATE OF DEATH *June 29, 1952*

3. PLACE OF DEATH:
A. Baltimore City, Maryland *Stal 4*

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE *Md.*
B. COUNTY

5. FULL NAME OF HOSPITAL OR INSTITUTION
JOHNS HOPKINS HOSPITAL

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 8-05

7. STREET ADDRESS (If rural, give location)
1820 E. North Ave

8. DATE OF BIRTH *Oct. 3, 1898*

9. AGE (In years last birthday) *53*

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Charwoman

11. BIRTHPLACE (State or foreign country)
Buffin Ga.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
Mark Connolly

14. MOTHER'S MAIDEN NAME
Clifford Blackburn

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
JOHNS HOPKINS HOSPITAL

18. 199.1

18. 199.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Carcinoma

INTERVAL BETWEEN ONSET AND DEATH
Months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *June 23, 52*

19B. MAJOR FINDINGS OF OPERATION
Diffuse Adenoid Carcinoma

20. AUTOPSY?
YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6-19, 1952* to *6-29, 1952* that I last saw the deceased alive on *6-29, 1952* and that death occurred at *8:50 P.m.*, from the causes and on the date stated above.

23A. SIGNATURE
Dr. Harold K...

23B. ADDRESS
JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED
June 30, 52

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
July 3, 1952

24C. NAME OF CEMETERY OR CREMATORY
Abraham Memorial Park

24D. LOCATION (City, town, or county) (State)
Balto. Md.

DATE RECEIVED BY JUL 3 - 1952

REGISTRAR'S SIGNATURE
Huntington Williams, MD.

25. FUNERAL DIRECTOR
Robert H. Young

ADDRESS
1216 N. Caroline St.

MEDICAL CERTIFICATION

75394 80

52 6193

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6193

Registered No. _____

1. NAME OF DECEASED (Type or Print) MELISSA ANN BANDS		2. DATE OF DEATH July 3, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 902 Garden Drive - 21	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 27, 1952
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 5
13. FATHER'S NAME Charles Bands		11. BIRTHPLACE (State or foreign country) Baltimore	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Vida Covington	
17. INFORMANT Charles Bands		ADDRESS 902 Garden Drive 21	

18. 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity (6 mo.) DUE TO 1 lb. 11 1/2 oz.		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 27 , 1952, to July 3 , 1952 that I last saw the deceased alive on July 3 , 1952, and that death occurred at 3:40a m., from the causes and on the date stated above.		23A. SIGNATURE Joseph A. Tinnell M. D.		23B. ADDRESS 1400 N. Caroline Street - 13	
23C. DATE SIGNED July 3, 1952		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE July 3, 1952	
24C. NAME OF CEMETERY OR CREMATORY Sacred Heart		24D. LOCATION (City, town, or county) Baltimore Md.		(State)	

DATE RECEIVED BY LOCAL REGISTRAR 3-1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Ulrich Funeral Home	
				ADDRESS 2008 Orleans St.	

71-4434-24

1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 26

52 6194

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6194
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUIS NAPOHIAN AILER

2. DATE
OF
DEATH

7-3-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Crawford Retreat

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2801 Denison St

c. Length of stay in Baltimore

60

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

8/7

9. AGE (In years
last birthday)

37

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Mrs Agent

10B. KIND OF BUSINESS OR
INDUSTRY

Mutual Life

11. BIRTHPLACE (State or foreign country)

Chicago Ill

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Chas

14. MOTHER'S MAIDEN NAME

Babette

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Florence Adler

ADDRESS

Laurie

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Interosseal Arterial Vascular
Renal Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6/21/52 to 7/3/52, that I last saw the
deceased alive on 7/2/52, and that death occurred at 2:07 p.m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Blum

M. D.

23B. ADDRESS

1115 N. Calvert St

23C. DATE SIGNED

7/3/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7/4/52

24C. NAME OF CEMETERY OR CREMATORY

Oheb. Shalom

24D. LOCATION (City, town, or county)

Baltimore, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis Inc

ADDRESS

2100 E. Calvert St

JUL 3 - 1952

VS 150

Jos. Blum
1115 No Calvert

624
52 6195BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6195
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HIRAM T. CROSWELL

2. DATE
OF
DEATH

JULY 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

34 BON SECOURS HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND B. COUNTY Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

335 OVERBROOK RD. 5300

c. Length of stay in Baltimore

50

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

2/14/92

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

SALESMAN

10B. KIND OF BUSINESS OR
INDUSTRY

Paper

11. BIRTHPLACE (State or foreign country)

VIRGINIA

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

THOMAS J. CROSWELL

14. MOTHER'S MAIDEN NAME

Laura B. Insley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

World War No. 1

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Virgie D. Croswell - 335 Overbrook Rd.

18. 42011

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) ACUTE MYOCARDIAL INFARCTION

4 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) CORONARY ARTERY DISEASE

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from JUNE 29, 1952, to JULY 2, 1952, that I last saw the
deceased alive on JULY 2, 1952, and that death occurred at 3:42 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

William A. Pillsbury M.D.

Bon Secours Hosp.

7/2/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

7/5/52

Lorraine Park Cem.

Woodlawn, Md.

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 3 - 1952

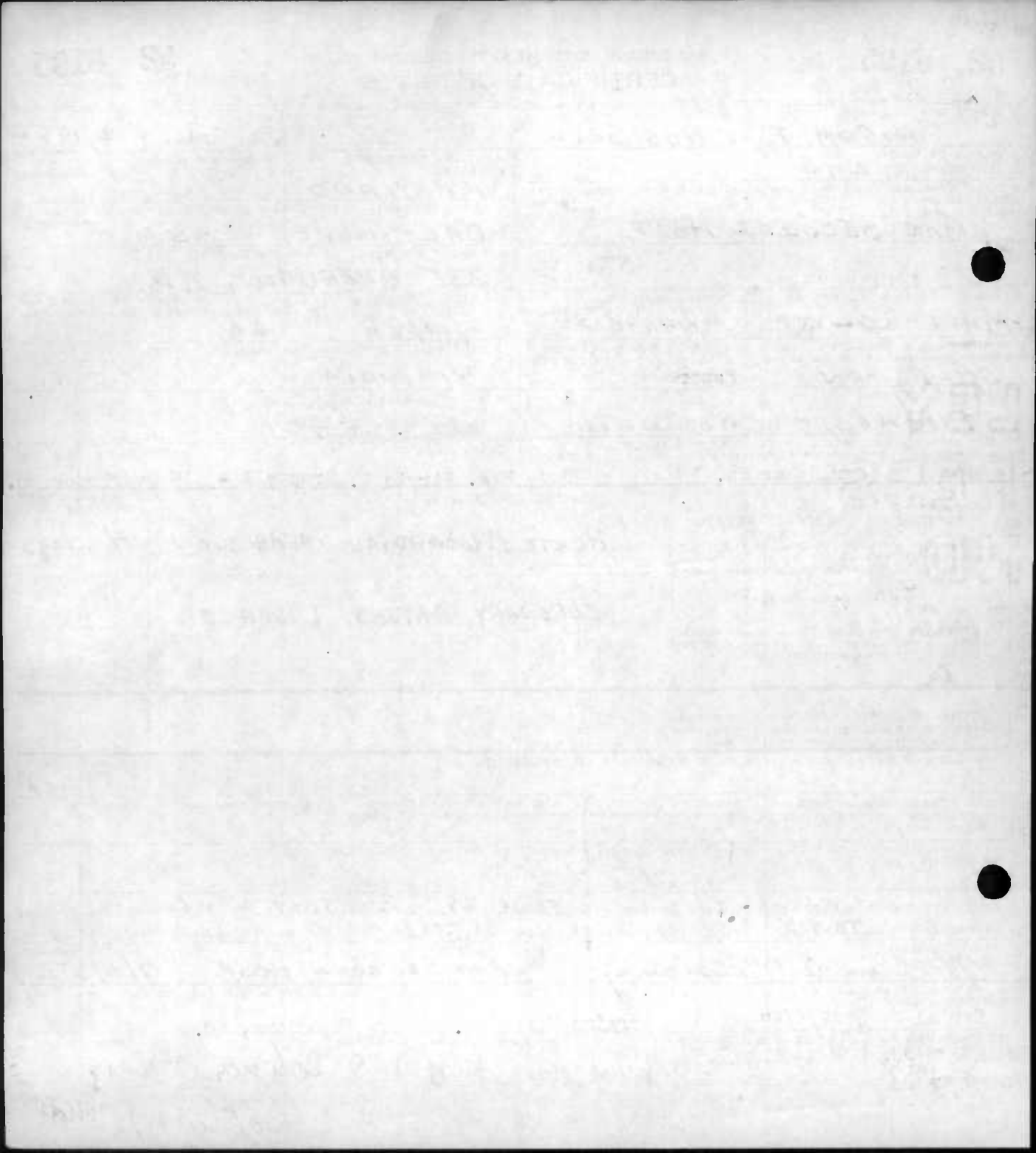
Huntington Williams, Jr.

J. J. Schoner & Sons

VS 150

49068

Barto 17, Md



52 6196
MC-160511BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6196

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James King

2. DATE
OF
DEATH

6-30-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTEBaltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

25 S. High St.

c. Length of stay in Baltimore

20 yrs.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 7, 1910

9. AGE (In years
last birthday)

42

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Charffeur

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ohio

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James

King

14. MOTHER'S MAIDEN NAME

Betty Edwards

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Records- Baltimore City Hospitals
4940 Eastern Ave.

18. 002X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary Tuberculosis

DUE TO

years ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-26-1952 to 6-30-1952, that I last saw the
deceased alive on 6-30-1952, and that death occurred at 3:25A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

4940 Eastern Ave.

7-2-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

6-30-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county) (State)

Westport, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial

Huntington, Williams, Mr. Joseph L. Rogers

1200 McCulloch St.

JUL 3-1952

68352

MEDICAL CERTIFICATION

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH

1907-1908

REPORT

1907

1907-1908

1907

1907

1907

1907

1907

1907

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1907

STATE OF CALIFORNIA

DEPARTMENT OF HEALTH

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1907

20

52 6197

Joyce FOTIES

BALTIMORE CITY HEALTH DEPARTMENT

52 6197

CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. 48-27277

1. NAME OF DECEASED (Type or Print) <i>Joyce H. Foties</i>		2. DATE OF DEATH <i>7-1-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1529 Bank St</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 3-01</i>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <i>1529 BANK ST.</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>9-48-55</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>Steve</i>		14. MOTHER'S MAIDEN NAME <i>Kaloudis</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>father</i>		ADDRESS <i>same</i>	

18. <i>752X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		<i>HYDROCEPHALUS, ADVANCED</i>		<i>3 1/2 yrs.</i>	
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>— 0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>JUNE 30</i> , 1952 to <i>July 1</i> , 1952 that I last saw the deceased alive on <i>JUNE 30</i> , 1952, and that death occurred at <i>415 a. m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Francis L. Grumbrine</i>		23B. ADDRESS <i>809 Medical Arts</i>		23C. DATE SIGNED <i>7/1/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>7-3-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Green Cemetery</i>	
24D. LOCATION (City, town, or county) <i>Balto - Md</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 3-1952</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>Thambres Inc.</i>		ADDRESS <i>440-E. North Ave</i>			

MEDICAL CERTIFICATION

1000 32

THE UNIVERSITY OF CHICAGO
LIBRARY



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6198**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Sam Ware			2. DATE OF DEATH July-2-1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1712 Mullikin Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 19 Yrs.			D. STREET ADDRESS (If rural, give location) 1712 Mullikin Street		
5. SEX Male	6. COLOR OR RACE Col.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH De.-20-1905		9. AGE (In years last birthday) 46
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crain Operator		10B. KIND OF BUSINESS OR INDUSTRY Russless Iron	11. BIRTHPLACE (State or foreign country) Chester S.C.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Charles Ware			14. MOTHER'S MAIDEN NAME Kisie Wilks		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 257-13-1938	17. INFORMANT ADDRESS Louise Ware 1712 Mullikin St		

18. 153X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Uterus, Intestine DUE TO (A) _____		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) _____		
(C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **6/17**, 19**52**, to **7/2**, 19**52**, that I last saw the deceased alive on **7/2**, 19**52**, and that death occurred at **10:05** a.m., from the causes and on the date stated above.

23A. SIGNATURE Reed L. Leford	23B. ADDRESS 822 N. B. Smith	23C. DATE SIGNED 7/3/52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7/5/52	24C. NAME OF CEMETERY OR CREMATORY mt Calvary Cem.	24D. LOCATION (City, town, or county) (State) Brooklyn md
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DATE RECEIVED BY LOCAL REGISTRAR Jul 3 - 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR ADDRESS Cheryl Wilson 1000 Beauty Ave
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MEDICAL CERTIFICATION

5133B

257-03-1938

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6199**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years, last birthday)

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 102X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6-15, 1952, to 7-1, 1952, that I last saw the deceased alive on 7-1, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

0010 25

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

0010

DATE OF BIRTH

DATE OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

CAUSE OF DEATH

IMMEDIATE CAUSE

UNDERLYING CAUSE

DATE OF BIRTH

DATE OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

CAUSE OF DEATH

IMMEDIATE CAUSE

UNDERLYING CAUSE

123
52 6200BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6200

1. NAME OF DECEASED (Type or Print) MARTHA WEBSTER		2. DATE OF DEATH 7/3/52	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Md. b. COUNTY Baltimore	
b. FULL NAME OF HOSPITAL OR INSTITUTION Ardleigh Nursing Home		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Md. Rural	
c. Length of stay in Baltimore 93 Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 704 C St. Sparrows Pt. 5300	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 23, 1859
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 93
11. BIRTHPLACE (State or foreign country) Cockeysville, Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME John Owings Price		14. MOTHER'S MAIDEN NAME Anne Price	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Mr. Colgate O. McShane - 704 C St Sparrows Pt
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Dis. CAUSE OF DEATH (A) Arteriosclerotic Cardiovascular Dis. DUE TO (B) Generalized Arteriosclerosis (C) General Semility INTERVAL BETWEEN ONSET AND DEATH ?			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from January, 1952 to July 3, 1952 ; that I last saw the deceased alive on July 3, 1952 , and that death occurred at 6 a. m. , from the causes and on the date stated above.			
23A. SIGNATURE John M. Price		23B. ADDRESS 8 Longwood Road	
23C. DATE SIGNED 7-3-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/5/52	
24C. NAME OF CEMETERY OR CREMATORY Sherwood Cemetery		24D. LOCATION (City, town, or county) (State) Cockeysville, Md.	
25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS H. H. Meares and Son - 805 N. Calvert St.	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6201**

460
6201
BIRTH NO.

1. NAME OF DECEASED (Type or Print) JAMES TAYLOR (JAMES E. TAYLOR)			2. DATE OF DEATH 2 July 1952		
3. PLACE OF DEATH: Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admision) Md A. STATE B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital of Md. Inc.			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto		
7. Length of stay in Baltimore 56			8. STREET ADDRESS (If rural, give location) 1833 E. North Ave		
9. SEX M	10. COLOR OR RACE W	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	12. DATE OF BIRTH 12/23/95		13. AGE (In years last birthday) 56
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer			15. KIND OF BUSINESS OR INDUSTRY Contracting		16. BIRTHPLACE (State or foreign country) Baltimore Md
17. FATHER'S NAME John Taylor			18. MOTHER'S MAIDEN NAME Wynnan		
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			20. SOCIAL SECURITY NO. 219-16-7657		21. INFORMANT Wife
22. ADDRESS 1833 E. North Ave					

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial infarction (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 30 min.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary thrombosis (B) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Arteriosclerotic CVD (C)		

19A. DATE OF OPERATION 7/5/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1 July**, 19**52**, to **2 July**, 19**52**, that I last saw the deceased alive on **1 July**, 19**52**, and that death occurred at **7:30 am.**, from the causes and on the date stated above.

23A. SIGNATURE
Anthony J. Di Giovanni M. D.

23B. ADDRESS
Lutheran Hospital

23C. DATE SIGNED
2 July 52

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
7/5/52

24C. NAME OF CEMETERY OR CREMATORY
Baltimore cemetery

24D. LOCATION (City, town, or county) (State)
Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR
JUL 3 - 1952

REGISTRAR'S SIGNATURE
Wilmington Williams, M.D.

25. FUNERAL DIRECTOR
HENRY SANDER & SONS, INC.

ADDRESS
BALTO. 6 13, MD.

Seay F. Sander

VS 150

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MEDICAL CERTIFICATION

100-57

RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

100-57

100-57

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FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

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RECEIVED
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

-230
6202BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6202

1. NAME OF DECEASED (Type or Print) <i>Maseth, Mr. Henry</i>			2. DATE OF DEATH <i>July 2, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i> C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Church Home & Hospital</i>			D. STREET ADDRESS (If rural, give location) <i>2648 Maseth Ave 5300</i>		
c. Length of stay in Baltimore <i>Life</i>			Yrs. _____ Mos. _____ Days _____		
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Oct 10, 1887</i>	9. AGE (In years last birthday) <i>64</i>	If Under 1 Year: Months: _____ Days: _____ If Under 24 Hours: Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>			11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		
10B. KIND OF BUSINESS OR INDUSTRY <i>Real Estate</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>Mr. George Maseth</i>			14. MOTHER'S MAIDEN NAME <i>Mrs. Louise Willey</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>			16. SOCIAL SECURITY NO. <i>none</i>		
17. INFORMANT <i>3065 Mayfield Avenue 13 Mrs. Wm. Geidt</i>					

18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Cardiac Failure</i> DUE TO (B) <i>Cerebral Hemorrhage</i> DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i> <i>5 weeks</i>
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II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.*Benign Prostatic Hypertrophy*

19A. DATE OF OPERATION <i>6/12/52</i>	19B. MAJOR FINDINGS OF OPERATION <i>Gross Enlargement of Prostate</i>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *5/24*, 19*52*, to *7/2*, 19*52*, that I last saw the deceased alive on *7/2*, 19*52*, and that death occurred at *8:55 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>H. Reed Carroll</i> M. D.	23B. ADDRESS <i>Church Home & Hospital</i>	23C. DATE SIGNED <i>7/4/52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>burial</i>	24B. DATE <i>7/5/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mt. Carmel Cemetery</i>
24D. LOCATION (City, town, or county) <i>Baltimore, Md.</i>		(State) _____

DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 3 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>HENRY SANDER & SONS, INC.</i>	ADDRESS <i>BALTO. 13, MD. George J. Sander</i>
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5180

320
52 6203BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6203

1. NAME OF DECEASED (Type or Print) BETTY KATZ (MRS. William)		2. DATE OF DEATH 7-3-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MARYLAND B. COUNTY 12-00	
B. FULL NAME OF (If not in hospital or institution, give street address or location) union Memorial Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) MARYLAND APTS. BALTO. 18, MD.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED.	8. DATE OF BIRTH APRIL 5, 1987
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years, last birthday) 65
13. FATHER'S NAME HENRY HIRSH		11. BIRTHPLACE (State or foreign country) Russia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME SARAH SHERESKY	
17. INFORMANT		ADDRESS	

18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of colon.	CAUSE OF DEATH Carcinoma of colon.	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) (D) (E) (F) (G) (H) (I) (J) (K) (L) (M) (N) (O) (P) (Q) (R) (S) (T) (U) (V) (W) (X) (Y) (Z) (AA) (AB) (AC) (AD) (AE) (AF) (AG) (AH) (AI) (AJ) (AK) (AL) (AM) (AN) (AO) (AP) (AQ) (AR) (AS) (AT) (AU) (AV) (AW) (AX) (AY) (AZ) (BA) (BB) (BC) (BD) (BE) (BF) (BG) (BH) (BI) (BJ) (BK) (BL) (BM) (BN) (BO) (BP) (BQ) (BR) (BS) (BT) (BU) (BV) (BW) (BX) (BY) (BZ) (CA) (CB) (CC) (CD) (CE) (CF) (CG) (CH) (CI) (CJ) (CK) (CL) (CM) (CN) (CO) (CP) (CQ) (CR) (CS) (CT) (CU) (CV) (CW) (CX) (CY) (CZ) (DA) (DB) (DC) (DD) (DE) (DF) (DG) (DH) (DI) (DJ) (DK) (DL) (DM) (DN) (DO) (DP) (DQ) (DR) (DS) (DT) (DU) (DV) (DW) (DX) (DY) (DZ) (EA) (EB) (EC) (ED) (EE) (EF) (EG) (EH) (EI) (EJ) (EK) (EL) (EM) (EN) (EO) (EP) (EQ) (ER) (ES) (ET) (EU) (EV) (EW) (EX) (EY) (EZ) (FA) (FB) (FC) (FD) (FE) (FF) (FG) (FH) (FI) (FJ) (FK) (FL) (FM) (FN) (FO) (FP) (FQ) (FR) (FS) (FT) (FU) (FV) (FW) (FX) (FY) (FZ) (GA) (GB) (GC) (GD) (GE) (GF) (GG) (GH) (GI) (GJ) (GK) (GL) (GM) (GN) (GO) (GP) (GQ) (GR) (GS) (GT) (GU) (GV) (GW) (GX) (GY) (GZ) (HA) (HB) (HC) (HD) (HE) (HF) (HG) (HH) (HI) (HJ) (HK) (HL) (HM) (HN) (HO) (HP) (HQ) (HR) (HS) (HT) (HU) (HV) (HW) (HX) (HY) (HZ) (IA) (IB) (IC) (ID) (IE) (IF) (IG) (IH) (II) (IJ) (IK) (IL) (IM) (IN) (IO) (IP) (IQ) (IR) (IS) (IT) (IU) (IV) (IW) (IX) (IY) (IZ) (JA) (JB) (JC) (JD) (JE) (JF) (JG) (JH) (JI) (JJ) (JK) (JL) (JM) (JN) (JO) (JP) (JQ) (JR) (JS) (JT) (JU) (JV) (JW) (JX) (JY) (JZ) (KA) (KB) (KC) (KD) (KE) (KF) (KG) (KH) (KI) (KJ) (KK) (KL) (KM) (KN) (KO) (KP) (KQ) (KR) (KS) (KT) (KU) (KV) (KW) (KX) (KY) (KZ) (LA) (LB) (LC) (LD) (LE) (LF) (LG) (LH) (LI) (LJ) (LK) (LL) (LM) (LN) (LO) (LP) (LQ) (LR) (LS) (LT) (LU) (LV) (LW) (LX) (LY) (LZ) (MA) (MB) (MC) (MD) (ME) (MF) (MG) (MH) (MI) (MJ) (MK) (ML) (MN) (MO) (MP) (MQ) (MR) (MS) (MT) (MU) (MV) (MW) (MX) (MY) (MZ) (NA) (NB) (NC) (ND) (NE) (NF) (NG) (NH) (NI) (NJ) (NK) (NL) (NM) (NN) (NO) (NP) (NQ) (NR) (NS) (NT) (NU) (NV) (NW) (NX) (NY) (NZ) (OA) (OB) (OC) (OD) (OE) (OF) (OG) (OH) (OI) (OJ) (OK) (OL) (OM) (ON) (OO) (OP) (OQ) (OR) (OS) (OT) (OU) (OV) (OW) (OX) (OY) (OZ) (PA) (PB) (PC) (PD) (PE) (PF) (PG) (PH) (PI) (PJ) (PK) (PL) (PM) (PN) (PO) (PP) (PQ) (PR) (PS) (PT) (PU) (PV) (PW) (PX) (PY) (PZ) (QA) (QB) (QC) (QD) (QE) (QF) (QG) (QH) (QI) (QJ) (QK) (QL) (QM) (QN) (QO) (QP) (QQ) (QR) (QS) (QT) (QU) (QV) (QW) (QX) (QY) (QZ) (RA) (RB) (RC) (RD) (RE) (RF) (RG) (RH) (RI) (RJ) (RK) (RL) (RM) (RN) (RO) (RP) (RQ) (RR) (RS) (RT) (RU) (RV) (RW) (RX) (RY) (RZ) (SA) (SB) (SC) (SD) (SE) (SF) (SG) (SH) (SI) (SJ) (SK) (SL) (SM) (SN) (SO) (SP) (SQ) (SR) (SS) (ST) (SU) (SV) (SW) (SX) (SY) (SZ) (TA) (TB) (TC) (TD) (TE) (TF) (TG) (TH) (TI) (TJ) (TK) (TL) (TM) (TN) (TO) (TP) (TQ) (TR) (TS) (TT) (TU) (TV) (TW) (TX) (TY) (TZ) (UA) (UB) (UC) (UD) (UE) (UF) (UG) (UH) (UI) (UJ) (UK) (UL) (UM) (UN) (UO) (UP) (UQ) (UR) (US) (UT) (UU) (UV) (UW) (UX) (UY) (UZ) (VA) (VB) (VC) (VD) (VE) (VF) (VG) (VH) (VI) (VJ) (VK) (VL) (VM) (VN) (VO) (VP) (VQ) (VR) (VS) (VT) (VU) (VV) (VW) (VX) (VY) (VZ) (WA) (WB) (WC) (WD) (WE) (WF) (WG) (WH) (WI) (WJ) (WK) (WL) (WM) (WN) (WO) (WP) (WQ) (WR) (WS) (WT) (WU) (WV) (WW) (WX) (WY) (WZ) (XA) (XB) (XC) (XD) (XE) (XF) (XG) (XH) (XI) (XJ) (XK) (XL) (XM) (XN) (XO) (XP) (XQ) (XR) (XS) (XT) (XU) (XV) (XW) (XX) (XY) (XZ) (YA) (YB) (YC) (YD) (YE) (YF) (YG) (YH) (YI) (YJ) (YK) (YL) (YM) (YN) (YO) (YP) (YQ) (YR) (YS) (YT) (YU) (YV) (YW) (YX) (YY) (YZ) (ZA) (ZB) (ZC) (ZD) (ZE) (ZF) (ZG) (ZH) (ZI) (ZJ) (ZK) (ZL) (ZM) (ZN) (ZO) (ZP) (ZQ) (ZR) (ZS) (ZT) (ZU) (ZV) (ZW) (ZX) (ZY) (ZZ)		

19A. DATE OF OPERATION D	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from May 13 , 19 52 , to July 3 , 19 52 , that I last saw the deceased alive on July 3 , 19 52 , and that death occurred at 8:00 a.m. , from the causes and on the date stated above.		
23A. SIGNATURE Dr. Eugene	23B. ADDRESS Union Memorial Hosp.	23C. DATE SIGNED July 3, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Interment	24B. DATE 7-7-52	24C. NAME OF CEMETERY OR CREMATORY Mt Carmel
DATE RECEIVED BY LOCAL REGISTRAR JUL 3 - 1952		24D. LOCATION (City, town, or county) (State) Brooklyn N. Y.
REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR 2100 Custer Pl

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52 6204

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6204

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>George Zick</i>			2. DATE OF DEATH <i>July 2/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>705 S. Lakewood</i>			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>705 S. Lakewood Ave</i> B. COUNTY <i>Baltimore</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Md. 1-05</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION			D. STREET ADDRESS (If rural, give location) <i>705 S. Lakewood Ave</i>					
C. Length of stay in Baltimore <i>Life</i>			Yrs. <i>Life</i> Mos. <i>Life</i> Days <i>Life</i>					
5. SEX <i>M.</i>	6. COLOR OR RACE <i>W.</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>Nov 25/1869</i>	9. AGE (In years last birthday) <i>82</i>	If Under 1 Year Months: Days	If Under 24 Hours Hours: Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Ice</i>			10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) <i>Baltimore</i>		
13. FATHER'S NAME <i>Frederick Zick</i>			14. MOTHER'S MAIDEN NAME <i>Lighthouse</i>			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT <i>Mrs. Elizabeth Zick</i>		
18. <i>161X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial Insufficiency -</i> DUE TO <i>Carcinomatous</i> CAUSE OF DEATH <i>Carcinoma - of Larynx -</i> DUE TO <i>Extinct</i> INTERVAL BETWEEN ONSET AND DEATH <i>June 29/52</i> <i>March 1950</i>								
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION <i>Biopsy - Carcinoma of Larynx - March 1950 - Treated by X Rays - etc</i>			19B. MAJOR FINDINGS OF OPERATION <i>not Senger</i>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>March 5, 1950</i> to <i>July 2, 1952</i> , that I last saw the deceased alive on <i>July 1, 1952</i> , and that death occurred at <i>12:29 p.m.</i> , from the causes and on the date stated above.								
23A. SIGNATURE <i>Louis F. Krumm</i>			23B. ADDRESS <i>222 No. Kenwood Ave</i>			23C. DATE SIGNED <i>July 2/52</i>		
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			24B. DATE <i>7/5/52</i>			24C. NAME OF CEMETERY OR CREMATORY <i>Trinity Cem.</i>		
24D. LOCATION (City, town, or county) (State) <i>Baltimore</i>			25. FUNERAL DIRECTOR <i>Huntington Williams, not Philip Herury Sons Orleans St</i>			ADDRESS <i>2024</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 3 - 1952</i>			VS 150					

MEDICAL CERTIFICATION

1950

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UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

WASHINGTON, D.C.

STATE OF TEXAS

COUNTY OF DALLAS

IN THE DISTRICT COURT OF THE COUNTY OF DALLAS, STATE OF TEXAS

VS.

JOHN A. SMITH, Plaintiff

vs.

JAMES B. SMITH, Defendant

vs.

JOHN A. SMITH, Plaintiff

vs.

JAMES B. SMITH, Defendant

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 6205

BIRTH NO. 52 6205

1. NAME OF DECEASED (Type or Print) <u>GREENWOOD, LESLIE C</u>		2. DATE OF DEATH <u>7/2/52</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>md.</u> B. COUNTY <u>Carroll</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>University Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Rural, New Windsor</u>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <u>3600</u>	

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH	9. AGE (In years last birthday) <u>66</u>	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>CONS.</u>		11. BIRTHPLACE (State or foreign country) <u>md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Loiah Greenwood</u>			14. MOTHER'S MAIDEN NAME <u>Ida Horton</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT ADDRESS <u>Mrs. Daise O'Leary, Union Bridge</u>		

18. <u>162X I</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Bronchogenic Carcinoma, right lung</u> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <u>4 months</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 4/1, 1952, to 7/2, 1952, that I last saw the deceased alive on 7/2, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE <u>Richard C. Packard, D.</u>		23B. ADDRESS <u>University Hospital</u>		23C. DATE SIGNED <u>7/3/52</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>July 13, 1952</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Greenwood</u>	24D. LOCATION (City, town, or county) (State) <u>Carroll Co Maryland</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>JUL 3 - 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>		
25. FUNERAL DIRECTOR <u>D. D. Hargrave & Sons</u>		ADDRESS <u>New Windsor & Union Bridge</u>		

VS 150
56424

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6206**

BIRTH NO. **52 6206**
667287

1. NAME OF DECEASED (Type or Print) Ronald Kirwin Eck		2. DATE OF DEATH July 3, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Ped. HLP 2		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 11 Delight Ave 5300	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 1-9-47
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 5 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME Clarence Eck		12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MAIDEN NAME Virginia Smith		17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	

18. 587.2 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cytic Fibrosis of Pancreas (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH Since birth
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 7-3-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-23- , 19 52 , to 7-3- , 19 52 , that I last saw the deceased alive on 7-3- , 19 52 and that death occurred at 9:45 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Robert E. Herndon M.D.			23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED July 3, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/6/52		24C. NAME OF CEMETERY OR CREMATORY Leovaine Park		24D. LOCATION (City, town, or county) (State) Balt. Md	
DATE RECEIVED BY LOCAL REGISTRAR JUL 3 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Barbara M. Funeral H-1401 Balto		ADDRESS	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6207**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LILLIAN M. GEORGE

2. DATE
OF
DEATH

July 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Joseph's Hospital

C. Length of stay in Baltimore

60 yrs

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore,

D. STREET ADDRESS (If rural, give location)

528 Richwood Avenue - 12

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

B. DATE OF BIRTH

Mar 30 - 1879

9. AGE (in years last birthday)

73

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bookkeeper

10B. KIND OF BUSINESS OR INDUSTRY

?

11. BIRTHPLACE (State or foreign country)

W. Virginia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Samuel A. Murphy

14. MOTHER'S MAIDEN NAME

Naomi Hoffman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

219-16-685

17. INFORMANT

Mr. R. H. Told

ADDRESS

2630 Belcrest

18. **586X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Hepatic Insufficiency**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Biliary Obstruction**

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

June 23, 1952

19B. MAJOR FINDINGS OF OPERATION

Cholecystectomy

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 18, 1952** to **July 3, 1952**, that I last saw the deceased alive on **July 3, 1952** and that death occurred at **1:45 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Dr. James H. [Signature]

M. O.

23B. ADDRESS

1400 N. Caroline Street - 13

23C. DATE SIGNED

July 3, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7/5/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

L. J. Luck

ADDRESS

5305 Bayford Rd

VS 150

37098/204

MEDICAL CERTIFICATION

240
52 6208

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6208

1. NAME OF DECEASED (Type or Print)		EDWARD HENRY LOISELLE		2. DATE OF DEATH		July 2, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. FULL NAME OF HOSPITAL OR INSTITUTION 5109 Hillburn Avenue				a. STATE Maryland		b. COUNTY	
c. Length of stay in Baltimore				c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
d. STREET ADDRESS (If rural, give location) 5109 Hillburn Avenue							
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) unmarried	8. DATE OF BIRTH Oct. 12, 1864	9. AGE (in years last birthday) 87	If Under 1 Year Months: Days		If Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Traveling		10b. KIND OF BUSINESS OR INDUSTRY Salesman, ladies		11. BIRTHPLACE (State or foreign country) New Hampshire		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Edward Loisel				14. MOTHER'S MAIDEN NAME Rose Bengerman			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs. Minnie L. Loisel, 5109 Hillburn			
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardio-Vascular Disease DUE TO SCURVY DUE TO Cerebral Sclerosis (C) INTERVAL BETWEEN ONSET AND DEATH							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan 1952 to July 2, 1952 that I last saw the deceased alive on July 2, 1952 and that death occurred at 7:00 p. m., from the causes and on the date stated above.							
23a. SIGNATURE H. B. Green		23b. ADDRESS 3400 E. Main Ave		23c. DATE SIGNED 7/3/52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/5/52		24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery		24d. LOCATION (City, town, or county) (State) Oakland, New Jersey	
DATE RECEIVED BY LOCAL REGISTRAR JUL 3-1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Leonard J. Ruck		ADDRESS 5305 Harford Road	

MEDICAL CERTIFICATION

Dr. Stevens
Eadman Ave
123561

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <u>Joanne Henderson</u>			2. DATE OF DEATH <u>July 3, 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Ala.</u> B. COUNTY <u>V-21</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Hartselle</u>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location)		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>4-12-34</u>		9. AGE (In years last birthday) <u>18</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
13. FATHER'S NAME <u>J. V. Henderson</u>			14. MOTHER'S MAIDEN NAME <u>Norma Sharpley</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>	

18. <u>175X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <u>Marked increased intracranial pressure and intra ventricular haemorrhage, due to wide spread metastases from</u> DUE TO (B) <u>ovarian carcinoma</u> DUE TO (C) <u>None</u>	INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>4 mo.</u>
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
	19A. DATE OF OPERATION <u>30 June 1952</u>	

19A. DATE OF OPERATION <u>30 June 1952</u>		19B. MAJOR FINDINGS OF OPERATION <u>Increased intracranial pressure</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 6-30, 1952 to 7-3, 1952 that I last saw the deceased alive on 7-3, 1952 and that death occurred at 6 P.m., from the causes and on the date stated above.

23A. SIGNATURE <u>David B. Clark</u>	23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>	23C. DATE SIGNED
---	---	------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24B. DATE <u>July 4, 1952</u>	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State) <u>Hartselle, Hartselle Ala</u>
DATE RECEIVED BY LOCAL REGISTRY <u>UL 4-1952</u>		25. FUNERAL DIRECTOR <u>Huntington Williams, M.D.</u>	ADDRESS <u>Wm. J. Eckert, 1000 North 4th St. P.O. Box 1000, Hartselle, Ala.</u>

MEDICAL CERTIFICATION

0150

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1914

5

[Faint, mostly illegible handwritten text follows, appearing to be a botanical or agricultural report. The text is written in cursive and spans the majority of the page.]

450

52 6210

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6210

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Jeannie J. Bloom

2. DATE
OF
DEATH

July 3 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

9-02

D. STREET ADDRESS (If rural, give location)

3507 Alameda Circle

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

45 Maryland General Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug 2, 1800

9. AGE (In years
last birthday)

51

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

American

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 330x 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Subarachnoid hemorrhage

1 day

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1952, to July 3, 1952, that I last saw the
deceased alive on July 3, 1952, and that death occurred at 9:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Sze-jui Liu

M. D.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

July 3 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 4 - 1952

Huntington Williams, M.D.

517 - W. St. N.E.

10-10-10

RECEIVED - HEALTH DEPT
CENTRAL OFFICE

10-10-10

10-10-10



10-10-10

RECEIVED

220
52 6211FEKAYS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6211

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Amelia C. FeKays

2. DATE
OF
DEATH

7/2/52

3. PLACE OF DEATH:

a. Baltimore City, Maryland, 107 Thacker St

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

WELSH'S

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE b. COUNTY

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 24-03

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

d. STREET ADDRESS (If rural, give location)

107 Thacker St

5. SEX

2

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

m.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Marie Thacker

10b. KIND OF BUSINESS OR INDUSTRY

mailed

13. FATHER'S NAME

John Riley

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Rose McHugh

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Mary Roberts Same

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Heart Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis, Heart Disease

(C)

Hypertension

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 5/10/1952 to 7/2/1952, that I last saw the deceased alive on July 1, 1952, and that death occurred at 11 A. M., from the causes and on the date stated above.

23a. SIGNATURE

N. P. Friedman

M. D.

23b. ADDRESS

1319 Light St.

23c. DATE SIGNED

7/2/52

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

7/5/52

24c. NAME OF CEMETERY OR CREMATORY

Cathedral

24d. LOCATION (City, town, or county) (State)

1212 Frederick Rd

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. J. FeKays 1318 Light St

References

52 6212

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6212

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

VIVIAN REBECCA GREENBERG

2. DATE
OF
DEATH

7-3-1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3126 OAKFORD AVE

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTO.

27-16

D. STREET ADDRESS (If rural, give location)

3126 OAKFORD AVE

C. Length of stay in Baltimore

30

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year

If Under 24 Hours

48

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

NONE

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

RUSSIA

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Louis

14. MOTHER'S MAIDEN NAME

ANNA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

ISRAEL GREENBERG-

SAME

18. 170 x 1 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Cancer of the left Breast
DUE TO With Extensive Metastases.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
DUE TO _____
(C) _____

INTERVAL BETWEEN ONSET AND DEATH

18 months

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1952, to July 3, 1952, that I last saw the deceased alive on July 3, 1952 and that death occurred at 7:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

1020 St. Paul St.

July 4, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

7/4/1952

MT. CARMEL

BALTO.

MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 4 1952

Huntington Williams, M.D. - 2100 Eutaw Pl.

VS 150

6209

MEDICAL CERTIFICATION

Side 50

Side 51

STAGE 50 STAGE 51

[Faint, illegible text across the page, likely bleed-through from the reverse side. The text is organized into several columns and rows, with some headings that are difficult to decipher. Some visible fragments include "STAGE 50", "STAGE 51", and various lines of descriptive text.]

52 6213

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6213
Registered No.1. NAME OF DECEASED
(Type or Print)

GEORGE M. LEEKE

2. DATE
OF
DEATH

July 3, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland Baltimore, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

Jenkins Mem. Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

m.

6. COLOR OR RACE

w.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

DEC. 28, 1889

9. AGE (In years
last birthday)

62

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR
INDUSTRY

PLATE GLASS

11. BIRTHPLACE (State or foreign country)

Howard County - Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James H. Leeke

14. MOTHER'S MAIDEN NAME

Margaret C. Tuel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

212-05-2621

17. INFORMANT

ADDRESS

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

18. 420.0 I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic Heart Disease

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Parkinsonism

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ HOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at 12:25 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

5152

51

RECEIVED BY THE STATE DEPARTMENT

DEPARTMENT OF STATE

5152

51

RECEIVED
DEPARTMENT OF STATE
JAN 10 1952

RADOMSKI

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

52 6214
Registered No. 6214

52 6214
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Thomas J. Radomski</i>		2. DATE OF DEATH <i>July 2, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2219 Gough Street</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 1-05</i>	
c. Length of stay in Baltimore <i>40 Years</i>		D. STREET ADDRESS (If rural, give location) <i>2219 Gough Street</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Dec 20, 1887</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Weiskettle Laundry</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Iron Moulder</i>	9. AGE (in years; last birthday) <i>65</i>
11. BIRTHPLACE (State or foreign country) <i>Poland</i>		12. CITIZEN OF WHAT COUNTRY? <i>Poland</i>	
13. FATHER'S NAME <i>Matthew Radomski</i>		14. MOTHER'S MAIDEN NAME <i>Catherine Pierick</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>214-03-3203</i>	
17. INFORMANT <i>Josephine Radomski</i>		ADDRESS <i>2219 Gough St</i>	

18. <i>163x I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hypostatic Pneumonia</i>	INTERVAL BETWEEN ONSET AND DEATH <i>6/30/52</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Carcinoma of left lung</i>	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *July 9*, 19*52*, to *July 2*, 19*52*, that I last saw the deceased alive on *July 2*, 19*52*, and that death occurred at *6* P.m., from the causes and on the date stated above.

23A. SIGNATURE *William R. Ryan* M. D. 23B. ADDRESS *801 S. Kenwood Rd* 23C. DATE SIGNED *7/2/52*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>July 5/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Holy Rosary Cem</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. County</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 4 - 1952</i>		25. FUNERAL DIRECTOR <i>Huntington Williams</i>	
REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		ADDRESS <i>401 S. Chester St</i>	

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 6215
BIRTH NO. 51-03306

52 6215

1. NAME OF DECEASED (Type or Print) Donna Jean BALAKER		2. DATE OF DEATH 7/2/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 2-02	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sina Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 16 ^{Yrs} ^{Mos} ^{Days}		D. STREET ADDRESS (If rural, give location) 31 S. Ann St.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S	8. DATE OF BIRTH 2/12/51
9. AGE (in years last birthday) 16 months		10. AGE (in years last birthday) 16 months	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHILD.		10B. KIND OF BUSINESS OR INDUSTRY —	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? —	
13. FATHER'S NAME EDWARD BALAKER.		14. MOTHER'S MAIDEN NAME DORIS MAJKA.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT DORIS BALAKER 31 S ANN ST		ADDRESS —	

18. E885.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ENCEPHALOPATHY DUE TO Lead Poisoning??	CAUSE OF DEATH ENCEPHALOPATHY Lead Poisoning??	INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) DUE TO (B) DUE TO (C) DUE TO	

CERTIFICATION APPROVED BY

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

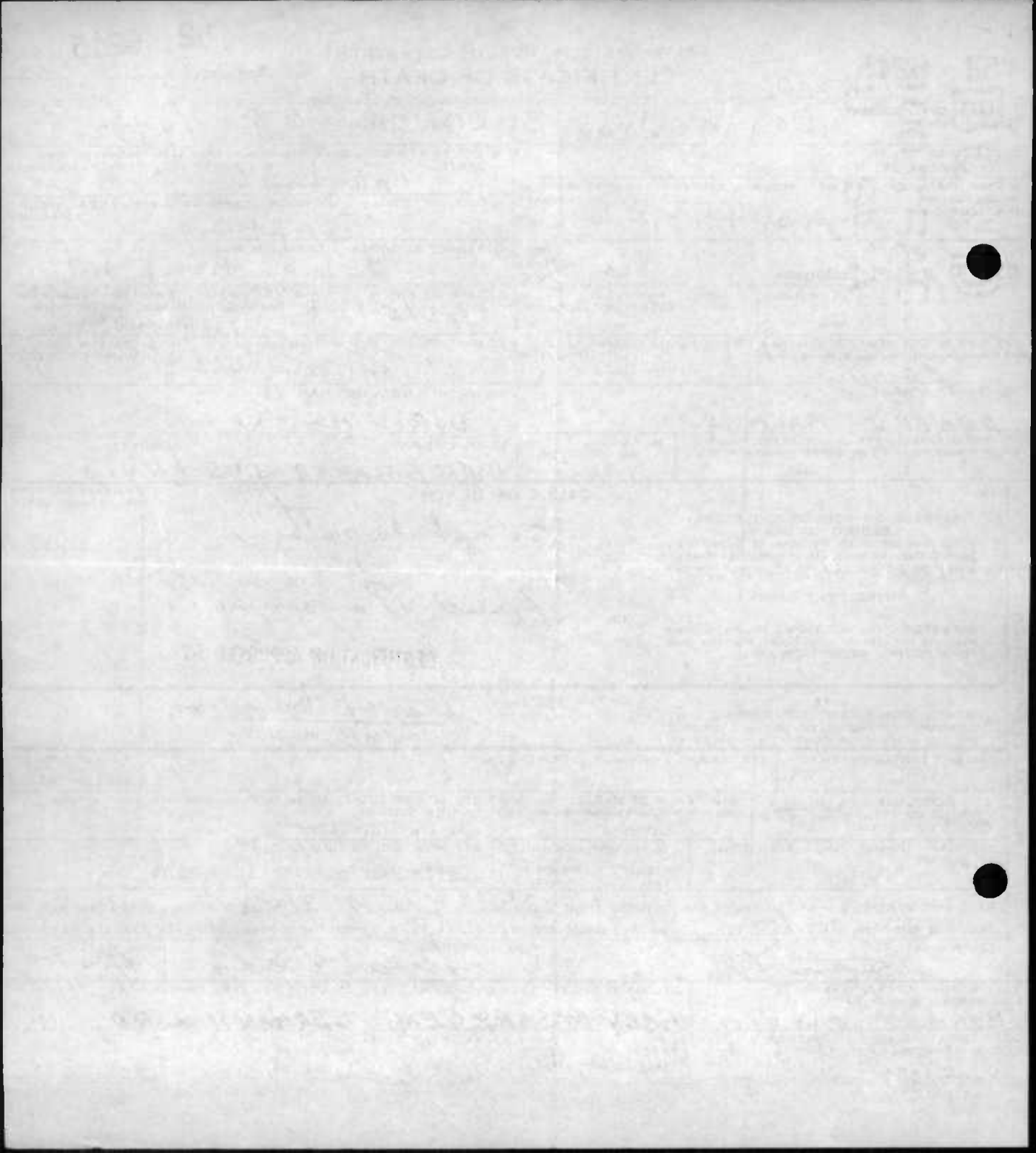
CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION 7/2/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 31 S. Ann Street		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 1952
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Child had been eating paint		
22. I hereby certify that I attended the deceased from 7/2/52 , 19 52 , to 7/2/52 , 19 52 , that I last saw the deceased alive on 7/2/52 , 19 52 , and that death occurred at 11 m., from the causes and on the date stated above.				
23A. SIGNATURE Leon D. Williams M. D.		23B. ADDRESS Levi's Hosp		23C. DATE SIGNED 7/3/52

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE JULY 4 1952	24C. NAME OF CEMETERY OR CREMATORY HOLY ROSARY CEM.	24D. LOCATION (City, town, or county) (State) GERMAN HILL RD. MD.
DATE RECEIVED BY LOCAL REGISTRAR JUL 4 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS 21800 E LOMBARD ST.	

VS 150

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52 6216

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6216
Registered No.

BIRTH NO. 52-14184

1. NAME OF DECEASED (Type or Print) BABY GIRL CARTER			2. DATE OF DEATH 6/24/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) LUTHERAN HOSPITAL OF MD.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE-RURAL-FULLERTON		
C. Length of stay in Baltimore 4 hrs., 15 min.			D. STREET ADDRESS (If rural, give location) NONE		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 6/24/52	9. AGE (In years last birthday)	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT			10B. KIND OF BUSINESS OR INDUSTRY —		
11. BIRTHPLACE (State or foreign country) MARYLAND			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME JAMES WESLEY CARTER			14. MOTHER'S MAIDEN NAME CAROLINE REBECCA FLOYD		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. —		
17. INFORMANT MOTHER			ADDRESS FULLERTON, MD		

18. 776 X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PREMATURITY - 2 lbs, 12 oz. DUE TO 4 hrs, 15 min	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 24, 1952, to June 24, 1952 that I last saw the deceased alive on June 24, 1952, and that death occurred at 2:02 P.m., from the causes and on the date stated above.

23A. SIGNATURE Muriel S. Daly	23B. ADDRESS M. D. Lutheran Hosp. of Md.	23C. DATE SIGNED 6/25/52
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL
24D. LOCATION (City, town, or county) (State) JUN 30 1952		

DATE RECEIVED BY LOCAL REGISTRAR JUL 4 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR, ADDRESS Commissioner of Health
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DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 6217

BIRTH NO. 52 6217
52-14243

1. NAME OF DECEASED (Type or Print) Baby Girl Rassa			2. DATE OF DEATH June 25, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Sinai Hospital			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY BALTO		
B. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital of Balto Inc			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore <i>Middle River</i>		
C. Length of stay in Baltimore 45 minutes			D. STREET ADDRESS (If rural, give location) 36 Hawthorne Road #20		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH June 25, 1952		9. AGE (in years last birthday) If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min. 45
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore, Md.	
13. FATHER'S NAME William Daniel Rassa			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Roselyn Marie Pennington			ADDRESS		

18. 762.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH Adelars Pneumonia (A) DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
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II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.	
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19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>6-25-52</u> 19 <u> </u> , to <u>6-25-52</u> 19 <u> </u> , that I last saw the deceased alive on <u>6-25-52</u> 19 <u> </u> and that death occurred at <u>7:25 PM</u> from the causes and on the date stated above.		
23A. SIGNATURE <i>Thurman Hill</i>	23B. ADDRESS <i>Thurman Hill</i>	23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL	24D. LOCATION (City, town, or county) (State) JUN 30 1952
DATE RECEIVED BY LOCAL REGISTRAR JUL 4 - 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Commissioner of Health</i>
ADDRESS			

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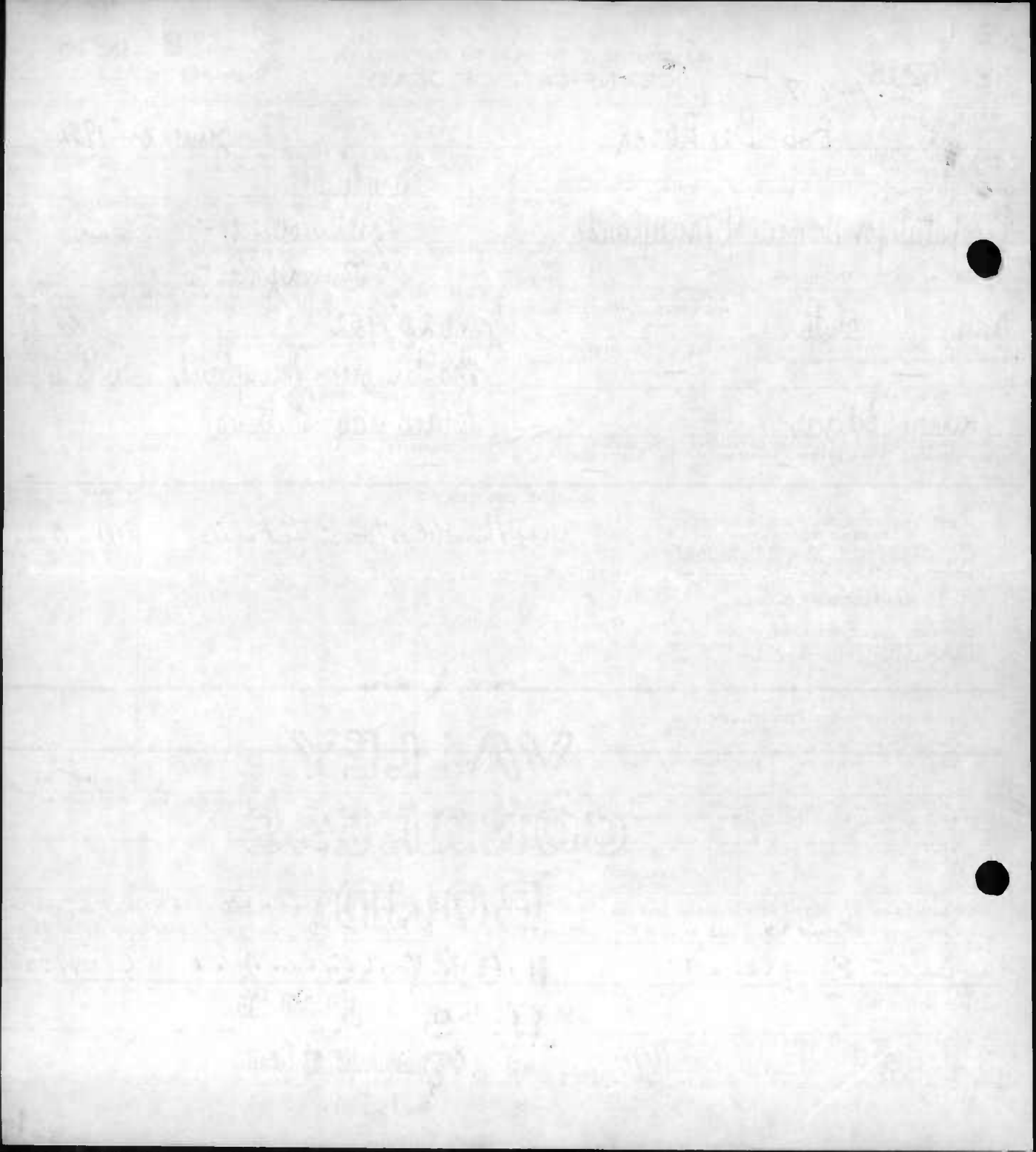
52 6218
BIRTH NO. 52-14075BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6218
Registered No.

1. NAME OF DECEASED (Type or Print) BABY BOY EDGAR		2. DATE OF DEATH June 24 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY BALTO	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Hospital for Women of Maryland		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore - 21 - Essex	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 33 Bayway South 5354	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) —	8. DATE OF BIRTH June 23 1952
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —		10B. KIND OF BUSINESS OR INDUSTRY —	
13. FATHER'S NAME Harvey Edgar		14. MOTHER'S M maiden NAME Grace Ray Putnam	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) —		16. SOCIAL SECURITY NO. —	
17. INFORMANT —		ADDRESS —	

18. 770.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Erythroblastosis fetalis (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 24 hr 18 min.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 23, 1952 , to June 24, 1952 , that I last saw the deceased alive on June 24, 1952 , and that death occurred at 6 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE William P. Englehart		23B. ADDRESS Hosp. for Women 242		23C. DATE SIGNED 6/24/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL	
24D. LOCATION (City, town, or county) (State)		24E. DATE JUN 30 1952			

DATE RECEIVED BY LOCAL REGISTRAR JUL 4 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Commissioner of Health	
				ADDRESS	



BALTIMORE CITY HEALTH DEPARTMENT			52 6219		
CERTIFICATE OF DEATH			Registered No. 52 6219		
BIRTH NO. 52 -14470					
1. NAME OF DECEASED (Type or Print) Baby Boy Wilkowski			2. DATE OF DEATH June 26, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION Hospital for the Women of Md.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-03		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 3503 Erdman Avenue.		
5. SEX m.	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 26, 1952	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant			11. BIRTHPLACE (State or foreign country) Maryland		
13. FATHER'S NAME Joseph Wilkowski			14. MOTHER'S MAIDEN NAME Roberta Ann Brady house		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) no			17. INFORMANT ADDRESS		
16. SOCIAL SECURITY NO.					
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Congenital cystic kidneys bilateral DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Antecedent Causes Diseases or conditions, if any, giving rise to the above cause (A) stating the underlying condition last. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 2 hours - 37 min 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
19A. DATE OF OPERATION 7			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			21D. TIME (Month) (Day) (Year) (Hour)		
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> OR NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 6-26, 1952, to 6-26, 1952, that I last saw the deceased alive on 6-26, 1952, and that death occurred at 11:45 am, from the causes and on the date stated above.					
23A. SIGNATURE Denny O. Powell Jr.			23B. ADDRESS Hospital for the Women of Md. Baltimore		
24A. BURIAL, CREMATION, REMOVAL (Specify)			24B. DATE		
24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL			24D. LOCATION (City, town, or county) (State) JUN 30 1952		
DATE RECEIVED BY LOCAL REGISTRAR JUL 4 - 1952			REGISTRAR'S SIGNATURE Huntington Williams		
VS 150			25. FUNERAL DIRECTOR Commissioner of Health		

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6220
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

AUSTIN C. JONES

2. DATE
OF
DEATH

July 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Lutheran Hospital

C. Length of stay in Baltimore

47 years

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5314 Cordelia Avenue

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Aug 27, 1894

9. AGE (In years

last birthday)

37

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Tool Attendant

10B. KIND OF BUSINESS OR

General Elevator

11. BIRTHPLACE (State or foreign country)

Pittsburg Pa.

12. CITIZEN OF

WHAT COUNTRY?

13. FATHER'S NAME

Wilbur Jones

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

214-01-8463

17. INFORMANT

ADDRESS

Ruth Chapman Jones

18.

470.1

CAUSE OF DEATH 5314 Cordelia Ave.

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary artery sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

July 3, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

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3903L 1600 West North Ave.

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ma 9732

3000 =

52 6221

CAVANAGH
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6221
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Jeannette M Cavanagh</i>		2. DATE OF DEATH <i>7-2-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Melchior Nursing Home</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 20-08</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>4111 Walrad Ave</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>4-19-00</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>None</i>	
13. FATHER'S NAME <i>John J Ward</i>		11. BIRTHPLACE (State or foreign country) <i>Penna</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
14. MOTHER'S MAIDEN NAME <i>Theresa Kunkel</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
17. INFORMANT <i>Philip R Cavanagh</i>		ADDRESS <i>Catonville MD</i>	

18. <i>331X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Cerebro-vascular Accident</i> INTERVAL BETWEEN ONSET AND DEATH <i>3 Hours</i>	(A) DUE TO
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO <i>Generalized Arteriosclerosis</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C) DUE TO <i>Prior Cerebro Vascular Accidents</i>

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *June*, 1952, to *July 2*, 1952, that I last saw the deceased alive on *June*, 1952, and that death occurred at *4:00 A.* m., from the causes and on the date stated above.

23A. SIGNATURE <i>James J. Nolan</i>	23B. ADDRESS <i>6014 Edmonson Ave Catonsville</i>	23C. DATE SIGNED <i>7/3/52</i>
---	--	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>7-5-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Catholic</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore MD</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 4 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, MD</i>	25. FUNERAL DIRECTOR <i>George B. Traylor</i>	ADDRESS <i>Catonville MD</i>
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UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY



610

52 6222

52 6222

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

DANIEL JAMES MURPHY

2. DATE
OF
DEATH

1 JULY 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

408 N. CURLEY ST.

C. Length of stay in Baltimore

20 YRS

Yrs.
Mon.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

D

8. DATE OF BIRTH

SEPT 22, 1895

9. AGE (In years
last birthday)

56

10. Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CRANE OPERATOR

10B. KIND OF BUSINESS OR
INDUSTRY

SHIPYARD-SPAZ PT

13. FATHER'S NAME

unknown

11. BIRTHPLACE (State or foreign country)

Conn.

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS. RETTMAN 408 N. CURLEY ST

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

CARDIOVASCULAR-RENAL DISEASE 10 MOS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary + Cerebral Arteriosclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

None

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

NONE

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

NONE

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

NONE

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

NONE

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

NONE

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

NONE

22. I hereby certify that I attended the deceased from MAY, 1952, to 1 JULY, 1952, that I last saw the
deceased alive on 1 JULY, 1952, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles P. Drury

M. D.

23B. ADDRESS

2722 E. Monument St

23C. DATE SIGNED

1 JULY 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

July 5, 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county) (State)

4430 Belair Rd. Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.

ADDRESS

2601-35 E. Madison St.

JUL 4 - 1952

VS 150

513 3U

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

WIFE

NAME: JAMES J. MURPHY
AGE: 40
DATE OF BIRTH: 1912
PLACE OF BIRTH: [illegible]
OCCUPATION: [illegible]
CAUSE OF DEATH: [illegible]

DR. J. J. MURPHY
[illegible]
[illegible]
[illegible]

MADE BY: [illegible]
DATE: [illegible]
[illegible]
[illegible]
[illegible]

<div style="display: flex; justify-content: space-between;"> 52 6223 PALMER 52 6223 </div>	
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH	
Registered No. _____	
BIRTH NO. <u>52-14113</u>	
1. NAME OF DECEASED (Type or Print) <u>Gerald Winfield Palmer, Jr.</u>	
2. DATE OF DEATH <u>6/27/52</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>red.</u> B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <u>Provident Hospital</u>	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto.</u> <u>15-03</u>	
D. STREET ADDRESS (If rural, give location) <u>1631 Moreland Ave.</u>	
c. Length of stay in Baltimore <u>1</u> Yrs. <u>1</u> Mos. <u>1</u> Days	
5. SEX <u>male</u>	6. COLOR OR RACE <u>red.</u>
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) _____	
8. DATE OF BIRTH <u>6/26/52</u>	
9. AGE (In years last birthday) _____	
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
10B. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Balto, Md.</u>	
12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME <u>Gerald Winfield Palmer</u>	
14. MOTHER'S MAIDEN NAME <u>Alma Elizabeth Johnson</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) _____	
16. SOCIAL SECURITY NO. _____	
17. INFORMANT ADDRESS <u>Mother</u> <u>See above</u>	
18. <u>762.0</u> CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.) (A) <u>Arteriosclerosis</u> DUE TO _____	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C) _____	
19A. DATE OF OPERATION <u>0</u>	
19B. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	21E. INJURY OCCURRED _____
21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from <u>6/26</u> , 19 <u>52</u> to <u>6/27</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>6/27</u> , 19 <u>52</u> , and that death occurred at <u>4:50</u> p. m., from the causes and on the date stated above.	
23A. SIGNATURE <u>Clayton P. Bussard</u>	
23B. ADDRESS <u>1309 Daniel Hill Rd</u>	
23C. DATE SIGNED <u>7-1-52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) _____	24B. DATE _____
24C. NAME OF CEMETERY OR CREMATORY <u>JOHN HOPKINS MEDICAL SCHOOL</u>	
24D. LOCATION (City, town, or county) (State) <u>JUL 2 1952</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>JUL 4 - 1952</u>	
REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	
25. FUNERAL DIRECTOR ADDRESS <u>Commissioner of Health</u>	

CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Physician	
10. Signature of Registrar		11. Signature of Coroner		12. Signature of Medical Examiner	
13. Signature of Burial Officer		14. Signature of Cemetery Officer		15. Signature of Funeral Home	
16. Signature of Undertaker		17. Signature of Burial Officer		18. Signature of Cemetery Officer	
19. Signature of Funeral Home		20. Signature of Undertaker		21. Signature of Burial Officer	
22. Signature of Cemetery Officer		23. Signature of Funeral Home		24. Signature of Undertaker	
25. Signature of Burial Officer		26. Signature of Cemetery Officer		27. Signature of Funeral Home	
28. Signature of Undertaker		29. Signature of Burial Officer		30. Signature of Cemetery Officer	
31. Signature of Funeral Home		32. Signature of Undertaker		33. Signature of Burial Officer	
34. Signature of Cemetery Officer		35. Signature of Funeral Home		36. Signature of Undertaker	
37. Signature of Burial Officer		38. Signature of Cemetery Officer		39. Signature of Funeral Home	
40. Signature of Undertaker		41. Signature of Burial Officer		42. Signature of Cemetery Officer	
43. Signature of Funeral Home		44. Signature of Undertaker		45. Signature of Burial Officer	
46. Signature of Cemetery Officer		47. Signature of Funeral Home		48. Signature of Undertaker	
49. Signature of Burial Officer		50. Signature of Cemetery Officer		51. Signature of Funeral Home	
52. Signature of Undertaker		53. Signature of Burial Officer		54. Signature of Cemetery Officer	
55. Signature of Funeral Home		56. Signature of Undertaker		57. Signature of Burial Officer	
58. Signature of Cemetery Officer		59. Signature of Funeral Home		60. Signature of Undertaker	
61. Signature of Burial Officer		62. Signature of Cemetery Officer		63. Signature of Funeral Home	
64. Signature of Undertaker		65. Signature of Burial Officer		66. Signature of Cemetery Officer	
67. Signature of Funeral Home		68. Signature of Undertaker		69. Signature of Burial Officer	
70. Signature of Cemetery Officer		71. Signature of Funeral Home		72. Signature of Undertaker	
73. Signature of Burial Officer		74. Signature of Cemetery Officer		75. Signature of Funeral Home	
76. Signature of Undertaker		77. Signature of Burial Officer		78. Signature of Cemetery Officer	
79. Signature of Funeral Home		80. Signature of Undertaker		81. Signature of Burial Officer	
82. Signature of Cemetery Officer		83. Signature of Funeral Home		84. Signature of Undertaker	
85. Signature of Burial Officer		86. Signature of Cemetery Officer		87. Signature of Funeral Home	
88. Signature of Undertaker		89. Signature of Burial Officer		90. Signature of Cemetery Officer	
91. Signature of Funeral Home		92. Signature of Undertaker		93. Signature of Burial Officer	
94. Signature of Cemetery Officer		95. Signature of Funeral Home		96. Signature of Undertaker	
97. Signature of Burial Officer		98. Signature of Cemetery Officer		99. Signature of Funeral Home	
100. Signature of Undertaker		101. Signature of Burial Officer		102. Signature of Cemetery Officer	

452

52 6224

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6224

Registered No.

BIRTH NO. 52-14304

1. NAME OF DECEASED
(Type or Print)

Baby Girl Williams

2. DATE
OF
DEATH

6-26-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. Length of stay in Baltimore

0

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

June 24, 1952

9. AGE (In years

last birthday)

10. Under 1 Year

Months: Days

0 0

11. Under 24 Hours

Hours: Min.

0 0

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

6

10B. KIND OF BUSINESS OR INDUSTRY

0

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Harry Marvin Williams

14. MOTHER'S MAIDEN NAME

Geraldine Harry

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

0

(If yes, give war or dates of service)

0

16. SOCIAL SECURITY NO.

0

17. INFORMANT

Mother -

ADDRESS

Same as above

18. 761.5 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Prematurity - wt. 666 gms 22 wks gest

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Premature Separation of Normally Implanted Placenta.

DUE TO

6 hrs.

(C) 6

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

6 0

19B. MAJOR FINDINGS OF OPERATION

0

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

0

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

0

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-26-52, 1952, to 6-26-52, 1952, that I last saw the deceased alive on 6-26-52, 1952, and that death occurred at 11:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

J. B. Henry

23B. ADDRESS

Ches. Hosp.

23C. DATE SIGNED

6-26-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL JUL 3 1952

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 4 - 1952

Huntington Williams, M.D.

Commissioner of Health

VS 150

1952

CY 332

MEDICAL CERTIFICATION

1000

50

CERTIFICATE OF DEATH

1000

1. Name of deceased: _____

2. Date of death: _____

3. Place of death: _____

4. Cause of death: _____

5. Signature of physician: _____

6. Signature of registrar: _____

7. Signature of informant: _____

8. Signature of witness: _____

9. Signature of funeral director: _____

10. Signature of undertaker: _____

11. Signature of coroner: _____

12. Signature of justice of the peace: _____

13. Signature of health officer: _____

14. Signature of medical examiner: _____

15. Signature of pathologist: _____

16. Signature of anatomist: _____

17. Signature of embalmer: _____

18. Signature of funeral home: _____

160

BIRTH NO. 52-14529

1. NAME OF DECEASED
(Type or Print) Baby Box DEEVER

2. DATE OF DEATH 6/29/52

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Baltimore

5. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital

6. CITY OR TOWN Baltimore

7. STREET ADDRESS (If rural, give location) 1711 McCulloch St.

8. Length of stay in Baltimore 1 Days

9. SEX male

10. COLOR OR RACE colored

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single

12. DATE OF BIRTH 6/29/52

13. AGE (In years last birthday) 7

14. Under 1 Year Months Days

15. Under 24 Hours Hours Min. 7

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child

17. KIND OF BUSINESS OR INDUSTRY

18. BIRTHPLACE (State or foreign country) Maryland

19. CITIZEN OF WHAT COUNTRY? U. S. A.

20. FATHER'S NAME

21. MOTHER'S MAIDEN NAME Dolores Deever

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no

23. SOCIAL SECURITY NO.

24. INFORMANT mother

25. ADDRESS same

26. 762.5 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH A telecexis

27. ANTECEDENT CAUSES DUE TO (A)

28. DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) Prematurity

29. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO (C)

30. INTERVAL BETWEEN ONSET AND DEATH 7 hours

31. DATE OF OPERATION 0

32. MAJOR FINDINGS OF OPERATION

33. AUTOPSY? YES ☐ NO ☒

34. ACCIDENT, SUICIDE, HOMICIDE (Specify)

35. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

36. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

37. TIME (Month) (Day) (Year) (Hour) OF INJURY

38. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

39. HOW DID INJURY OCCUR?

40. I hereby certify that I attended the deceased from 6/29, 1952, to 6/29, 1952 that I last saw the deceased alive on 6/29, 1952 and that death occurred at 4:34 p.m., from the causes and on the date stated above.

41. SIGNATURE Martin W. Barte

42. ADDRESS University Hosp.

43. DATE SIGNED 6/29/52

44. BURIAL, CREMATION, REMOVAL (Specify)

45. DATE

46. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL

47. LOCATION (City, town, or county) JUL 3 1952

48. (State)

49. DATE RECEIVED BY LOCAL REGISTRAR JUL 4 - 1952

50. REGISTRAR'S SIGNATURE Huntington Williams, M.D.

51. FUNERAL DIRECTOR Commissioner of Health

52. ADDRESS

VS 150

CERTIFICATE OF DEATH

STATE OF NEW YORK

DEPT. OF HEALTH

DATE OF DEATH

PLACE

CAUSE OF DEATH

AGE

SEX

NEW YORK

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

1900

400

52

6226

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52

6226

Registered No.

1. NAME OF DECEASED (Type or Print) BABY GIRL HALL		2. DATE OF DEATH June 29 "1952"	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE Maryland B. COUNTY Baltimore	
5. FULL NAME OF HOSPITAL OR INSTITUTION Hopital for Women of Maryland		C. CITY OR TOWN Baltimore - 14 (If outside corporate limits, write RURAL and give township)	
6. Length of stay in Baltimore —		D. STREET ADDRESS (If rural, give location) 1819 Midwood Avenue 5300	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) —	8. DATE OF BIRTH June 29 "1952"
9. AGE (In years last birthday) 1 If Under 1 Year Months: 1 Days: 10		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —	
10A. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (State or foreign country) Baltimore - Maryland	
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13. FATHER'S NAME Andrew Spamer Hall	
14. MOTHER'S MAIDEN NAME Mary Elizabeth Matts		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) — (If yes, give war or dates of service) —	
16. SOCIAL SECURITY NO. —		17. INFORMANT ADDRESS —	

18. 761.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PREMATURITY (A) DUE TO PREMATURE RUPT. MEMBRANES (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (s. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **June 29, 1952** to **June 29, 1952**, that I last saw the deceased alive on **June 29, 1952**, and that death occurred at **9:10 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE William P. Englehart	23B. ADDRESS Hop. for Women 8th.	23C. DATE SIGNED 6/29/52
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24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL	24D. LOCATION (City, town, or county) JUL 3 1952	(State)
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DATE RECEIVED BY LOCAL REGISTRAR JUL 4 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Commissioner of Health	ADDRESS
--	--	--	---------

2nd Major

1st Lt

1st Lt

1st Lt

1st Lt

1st Lt

1st Lt

1st Lt

1st Lt

1st Lt

1st Lt

1st Lt

1st Lt

1st Lt

1st Lt

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1st Lt

1st Lt

1st Lt

1st Lt

1st Lt

1st Lt

52 6227

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6227

BIRTH NO. 52-14614

1. NAME OF DECEASED
(Type or Print)

Hynson Baby Boy

2. DATE
OF
DEATH

June 30, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

824 Harlem Ave

c. Length of stay in Baltimore

7 Mos. 25 Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

4/30/52

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Infant

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

75

13. FATHER'S NAME

Joseph

14. MOTHER'S MAIDEN NAME

Marjorie Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Joseph Hynson

18. 776X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Prematurity

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 6-30 1952, to 6-30 1952, that I last saw the
deceased alive on 6-30 1952, and that death occurred at 3:56 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph C. Fitzgerald

M. D.

23B. ADDRESS

University Hosp

23C. DATE SIGNED

6-30-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

JOHN HOPKINS MEDICAL SCHOOL

JUL 3 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 4 - 1952

Huntington Williams, M.D.

Commissioner of Health

VS 150

MEDICAL CERTIFICATION

2

326

52 6228

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6228

BIRTH NO. 52-14291

1. NAME OF DECEASED (Type or Print) Baby Boy Fitzgerald		2. DATE OF DEATH 6/28/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		V. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission) X. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 1		D. STREET ADDRESS (If rural, give location) 714 E. Fort Ave	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH 6/26/52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) newborn		10B. KIND OF BUSINESS OR INDUSTRY -	9. AGE (In years last birthday) 1 1/2
13. FATHER'S NAME Charles Fitzgerald		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. -	
17. INFORMANT father		ADDRESS same	

18. 768.0	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Septicemia	24 hrs
ANTECEDENT CAUSES	(B) -	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) -	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
Icterus Neonatorum		12 hrs

19A. DATE OF OPERATION 6/28/52	19B. MAJOR FINDINGS OF OPERATION -	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY -	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6/26, 1952** to **6/28, 1952**, that I last saw the deceased alive on **6/28, 1952**, and that death occurred at **5:40 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE Martin K. Foster	23B. ADDRESS University Hosp	23C. DATE SIGNED 7/2/52
---	--	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY JOHN HOPKINS MEDICAL SCHOOL	24D. LOCATION (City, town, or county) (State) JUL 3 1952
---	-----------	--	--

DATE RECEIVED BY LOCAL REGISTRAR JUL 4 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Commissioner of Health	ADDRESS
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100-100000

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

100-100000

TO : DIRECTOR, FBI (100-100000)
FROM : SAC, NEW YORK (100-100000)
SUBJECT: [Illegible]

RE: [Illegible]

DATE: [Illegible]

BY: [Illegible]

52 6229

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

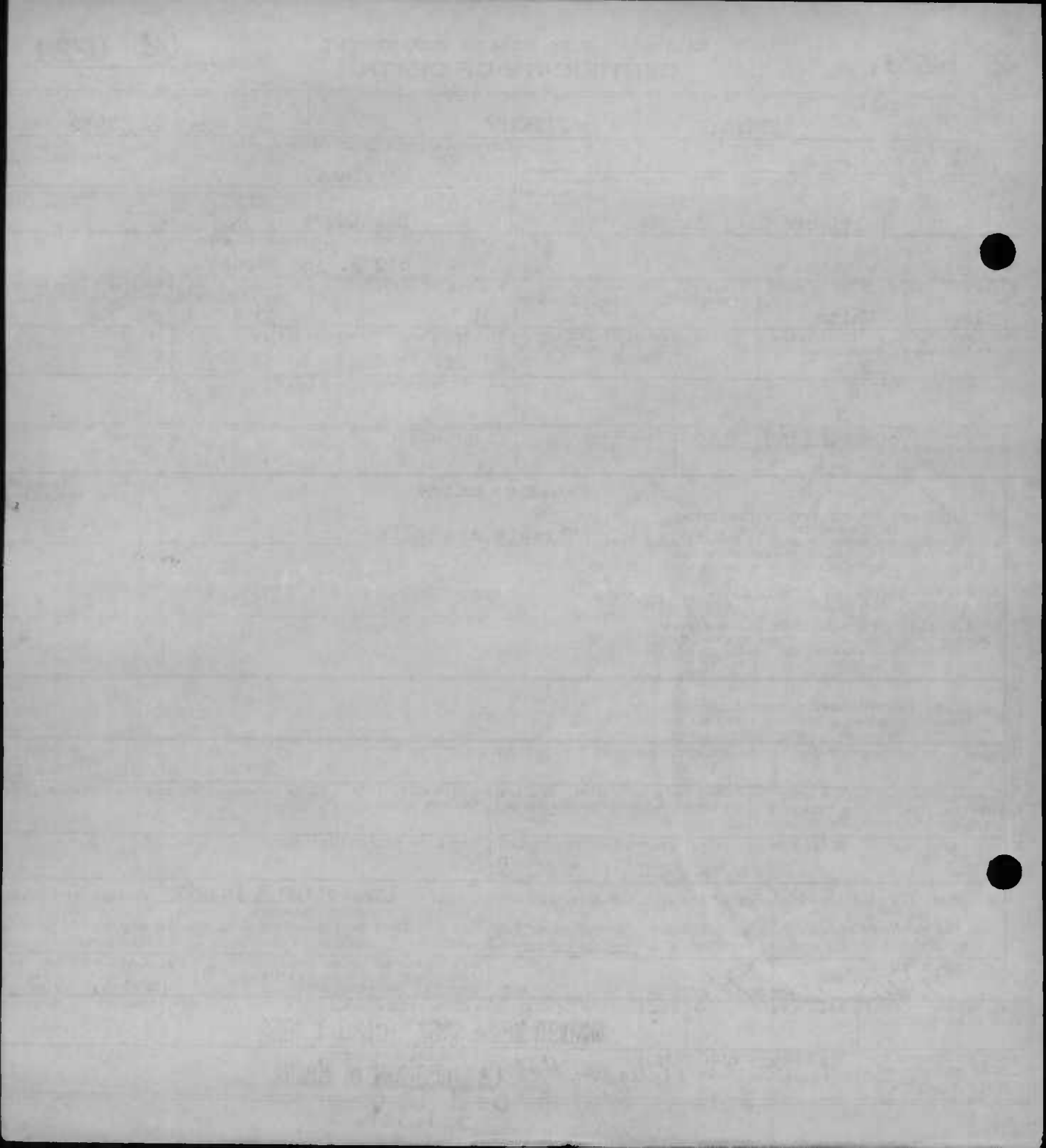
Registered No. 52 6229

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
BENJAMIN PINKNEY		May 22, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Morgue		A. STATE Maryland	
C. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2-03	
5. SEX Male		8. DATE OF BIRTH U	
6. COLOR OR RACE White		9. AGE (In years last birthday) 50 ?	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) N		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) N	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) N		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME K N		11. BIRTHPLACE (State or foreign country) K	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) W		14. MOTHER'S MAIDEN NAME O	
16. SOCIAL SECURITY NO.		17. INFORMANT N	
17. ADDRESS		12. CITIZEN OF WHAT COUNTRY?	

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic alcoholism DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William H. Davis		23B. CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER		23C. DATE SIGNED June 4, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR JUL 4 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Commissioner of Health	
V S 151		UNIVERSITY MEDICAL SCHOOL JUN 11 1952		ADDRESS	



50
52 6230BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6230
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDNA

LOGAN

2. DATE
OF
DEATH

May 27, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

622 N. Eden Street

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days
11 Under 24 Hours
Hours: Min.

41

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Unknown

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Unknown

18.

170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of the breast

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒

23C. DATE SIGNED

May 28, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

UNIVERSITY MEDICAL SCHOOL JUN 11 1952

Commissioner of Health

52 6231

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6231

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Forest Harston

2. DATE
OF
DEATH

5/17-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE

here deceased lived if institution: residence before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2101 W. Cold Spring Lane

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write L.U.R.A. and give township)

Bar-Wil-Ba Convalescent Baltimore Md.

C. Length of stay in Baltimore

Home. Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

27-15

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Unknown

18. 151X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)Probably
Carcinoma of stomach 2 yrsINTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 15, 1951, to 5-17-52, that I last saw the
deceased alive on April 15, 1952, and that death occurred at 1220 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

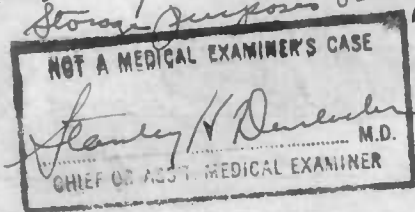
UL 4-1952

Huntington Williams, MD

Commissioner of Health

UNIVERSITY MEDICAL SCHOOL JUN 11 1952

This body admitted to Morgue for
Storage purposes only.



575707

364

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6232

52 6232

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

STERLING, EDNA MAY

2. DATE
OF
DEATH

7-3-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 12, 1897

9. AGE (in years last birthday)

65

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Homemaker

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John W. Newman

14. MOTHER'S MAIDEN NAME

A. Olivia M. Cready

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Carcinoma of Right ovary
widespread metastases

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2-7-52

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Rt. ovary - metastases

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 30, 1952, to July 3rd, 1952, that I last saw the deceased alive on July 3rd, 1952 and that death occurred at 8:25 P.M., from the causes and on the date stated above.

23A. SIGNATURE

LeRoy L. Mills

23B. ADDRESS

U.S. PHS Hq. Baltimore, Md.

23C. DATE SIGNED

7-3-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7/6/52

24C. NAME OF CEMETERY OR CREMATORY

Sunny Ridge Cem. Somerset Co. Md.

24D. LOCATION (City, town, or county)

Cusfield, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Dennis Covington, Cusfield, Md.

ADDRESS

TO : THE SECRETARY, U.S. DEPARTMENT OF STATE
FROM : THE SECRETARY, U.S. DEPARTMENT OF STATE
SUBJECT: [Illegible]

[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a memorandum or official communication.]

200

B2K- 150104
BIRTH NO. 72-13218

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6233

1. NAME OF DECEASED (Type or Print) Baby Girl Pugh- Geraldine			2. DATE OF DEATH June 19, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Maryland b. COUNTY 15-20		
b. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospital 4940 Eastern Avenue			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 1804 Warwick Avenue, Baltimore		
c. Length of stay in Baltimore Life			d. STREET ADDRESS (If rural, give location) 1804 Warwick Avenue		
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 15, 1952		9. AGE (In years last birthday) 4
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? 4
13. FATHER'S NAME Clarence Pugh			14. MOTHER'S MAIDEN NAME Geraldine Brown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Records: B.C.H. 4940 Eastern Ave.		
18. 756 ✓ and 776x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Post Operative Pneumonia DUE TO (B) Esophageal Atresia DUE TO (C) Prematurity INTERVAL BETWEEN ONSET AND DEATH					
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19a. DATE OF OPERATION 6-17-52		19b. MAJOR FINDINGS OF OPERATION Congenital Esophageal Atresia		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-15 , 1952, to 6-19 , 1952 that I last saw the deceased alive on 6-19 , 1952, and that death occurred at 11:50 P. from the causes and on the date stated above.					
23a. SIGNATURE E. S. Hogan		23b. ADDRESS 4940 Eastern Ave.		23c. DATE SIGNED 6-30-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24b. DATE 6-21-52 9:00 A.M.		24c. NAME OF CEMETERY OR CREMATORY B.C.H. Crematory	
24d. LOCATION (City, town, or county) 4940 Eastern Ave.		25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR JUL 5-1952					

MEDICAL CERTIFICATION

142
52 6234

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6234
Registered No.

1. NAME OF DECEASED (Type or Print) ELLEN APLEGARTH		2. DATE OF DEATH July 3, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Lutheran Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 165 N. Monastery Avenue		E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Sept. 7, 1933
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 18 If Under 1 Year Months Days If Under 24 Hours Hours Min.
11. BIRTHPLACE (State or foreign country) Baltimore Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Edward A. Applegarth		14. MOTHER'S MAIDEN NAME Helen I Bell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Helen Applegarth-- 165 N. Monastery Ave		18. 650.2 and 648.3	

18. 650.2 and 648.3		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Air embolism		(A) self induced abortion			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C)			
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 165 N. Monastery Avenue	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY July 3, 1952		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Introduction of air into uterus by syringe	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>Stanley H. Dunbar</i> M.D.		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED July 3, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/7/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery	
24D. LOCATION (City, town, or county) Baltimore		24E. ADDRESS Md.		25. FUNERAL DIRECTOR Huntington Williams, Mr. Wm. J. Dickner & Sons - Baltimore	

1956

UNITED STATES DEPARTMENT OF COMMERCE

OFFICE OF THE SECRETARY

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6235**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES CORCORAN

2. DATE
OF
DEATH

July 3, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

835 Lake Drive

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Jan. 5, 1899

9. AGE (In years
last birthday)

53

10. Under 1 Year
Months Days

11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mutual Seller

10B. KIND OF BUSINESS OR INDUSTRY

Race Track

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Michael Corcoran

14. MOTHER'S MAIDEN NAME

Rossie Cook

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

432-01-0240

17. INFORMANT

ADDRESS

Mr. LeRoy Corcoran -- 609 Overbrook Rd.

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Multiple fractures and contusions**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) **Fracture of pelvis and right femur**

DUE TO

(C) **Intraperitoneal and retroperitoneal hemorrhage**

INTERVAL BETWEEN
ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Lake Drive between Linden & Brookfield

21D. TIME (Month) (Day) (Year) (Hour)

June 30, 1952 5:30 P.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Pedestrian struck by auto

22. I certify that I took charge of the remains described above, held an **partial autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. K. O'Connell

M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

July 3, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7/7/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. S. Tischer & Sons

ADDRESS

Baltimore

V S 151

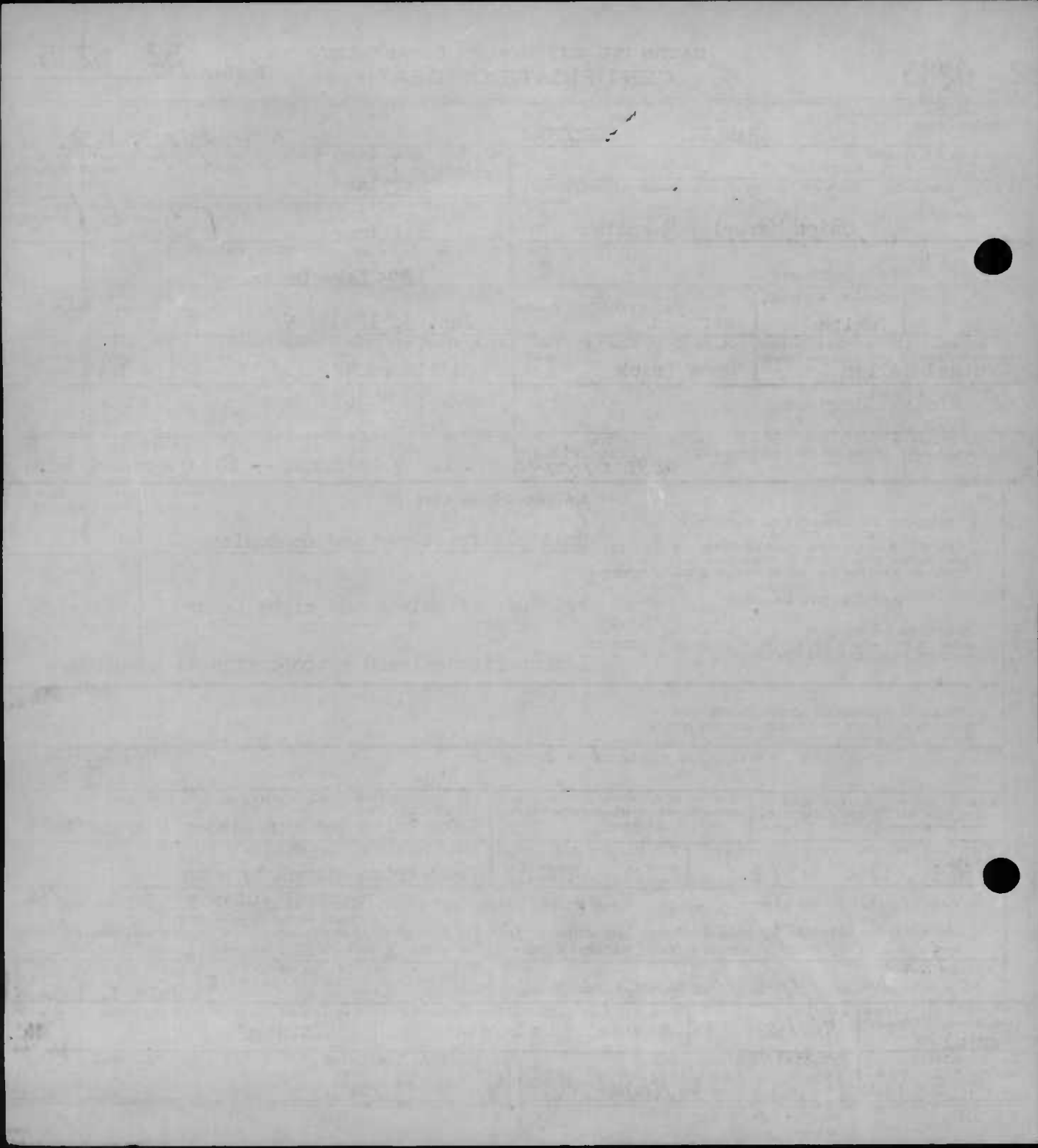
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057 8M

P.S.B.

M.D.

MEDICAL CERTIFICATION



- 453

52 6236

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

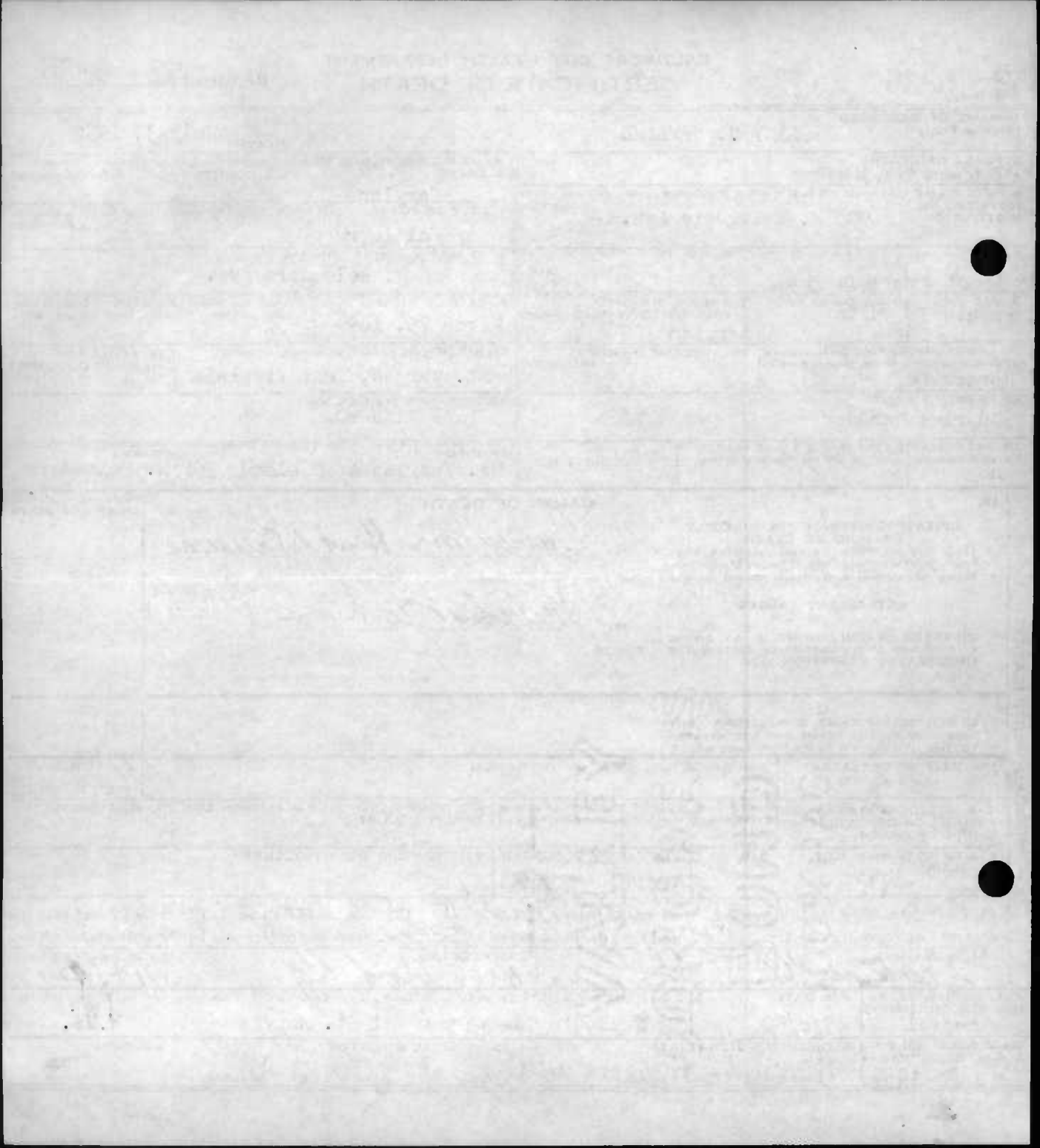
Registered No. 52 6236

1. NAME OF DECEASED (Type or Print)		LACY M. NEWLAND		2. DATE OF DEATH July 3, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
5. FULL NAME OF HOSPITAL OR INSTITUTION 908 W. Belvedere Ave.				6. CITY OR TOWN Baltimore	
7. Length of stay in Baltimore Yrs. Mos. Days				8. STREET ADDRESS (If rural, give location) 908 W. Belvedere Ave.	
9. SEX Female		10. COLOR OR RACE White		11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	
12. DATE OF BIRTH March 25, 1899		13. AGE (In years, last birthday) 52		14. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				16. KIND OF BUSINESS OR INDUSTRY	
17. BIRTHPLACE (State or foreign country) St. Mary's, West Virginia				18. CITIZEN OF WHAT COUNTRY? USA	
19. FATHER'S NAME Charles Gardner				20. MOTHER'S MAIDEN NAME Lena Kidder	
21. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no				22. SOCIAL SECURITY NO.	
23. INFORMANT Mr. Charles A. Newland				24. ADDRESS 908 W. Belvedere Ave.	

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 157 X I Carcinoma Head of Pancreas		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) DUE TO		Metastasis to liver & Colon	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 15, 1952, to July 3, 1952, that I last saw the deceased alive on July 3, 1952, and that death occurred at 3:05 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Laurie C. Toth		23B. ADDRESS 6805 York Rd.		23C. DATE SIGNED 7/4/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 7/4/52		24C. NAME OF CEMETERY OR CREMATORY Odd Fellows Cemetery	
24D. LOCATION (City, town, or county) St. Mary's		24E. STATE W. Va.			

DATE RECEIVED BY LOCAL REGISTRAR JUL 5 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR J. J. Dickson & Sons	
VS 150		R.S.B.		Bates - Md.	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 6237
Registered No. 52 6237

BIRTH NO. <u>52 6237</u>		2. DATE OF DEATH <u>July 3, 1952</u>	
1. NAME OF DECEASED (Type or Print) <u>TRUDIE LEE MOORE</u>			
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Georgia</u> B. COUNTY <u>V-09</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>US Public Health Service Hospital</u> <u>Wyman Pk. Drive & 31st Street</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Atlanta</u>	
c. Length of stay in Baltimore <u>52 days</u> Yrs. <u> </u> Mos. <u> </u> Days <u> </u>		D. STREET ADDRESS (If rural, give location) <u>1148 W. Peachtree Street</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>9/14/10</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>clerk</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>U.S. Gov't</u>	9. AGE (In years last birthday) <u>41</u> If Under 1 Year: Months <u> </u> Days <u> </u> If Under 24 Hours: Hours <u> </u> Min. <u> </u>
11. BIRTHPLACE (State or foreign country) <u>Ga.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Odelle Moore</u>		14. MOTHER'S MAIDEN NAME <u>Emily Moore</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>?</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>?</u>	
17. INFORMANT <u>Records- US PHS Hospital, Balto, Md.</u>		ADDRESS	
18. CAUSE OF DEATH			
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>241X I</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Since Childhood</u>	
(A) <u>Bronchial asthma</u> DUE TO			
(B) <u>Pulmonary emphysema</u> DUE TO		<u>Unknown</u>	
(C) <u> </u> DUE TO			
19. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>II</u>			
19A. DATE OF OPERATION <u>7/1</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>May 12</u> , 19 <u>52</u> , to <u>July 3</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>July 3</u> , 19 <u>52</u> , and that death occurred at <u>7:30P m.</u> , from the causes and on the date stated above.			
23A. SIGNATURE OF REGISTRAR <u>John F. Lowney, SA Surgeon</u>		23B. ADDRESS <u>US PHS Hospital, Balto, Md.</u>	23C. DATE SIGNED <u>7/4/52</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24B. DATE <u>July 7-52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Sandy Creek</u>	24D. LOCATION (City, town, or county) (State) <u>Butts Co. Ga.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>JUL 5 - 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	25. FUNERAL DIRECTOR <u>Howard H. Hubbard</u>	ADDRESS <u>Funeral Home 2503 Edmondson Ave</u>

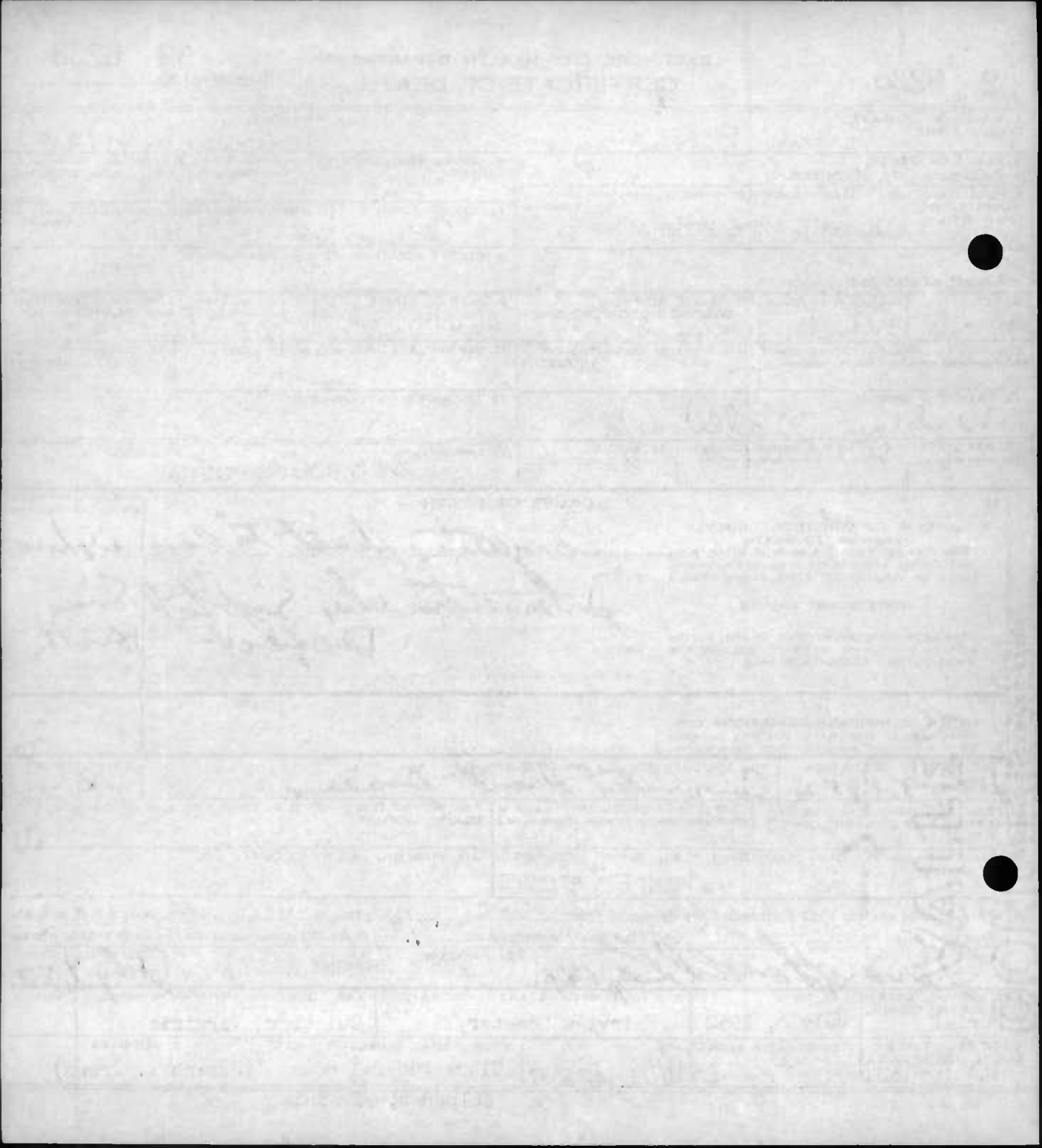
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420
52 6238

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6238
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Elinor Halliugh</i>		2. DATE OF DEATH <i>July 4/1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Va.</i> B. COUNTY <i>V-43</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN <i>Brandy</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location)	
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>4-17-27</i>
9. AGE (in years last birthday) <i>25</i>		10. CITIZEN OF WHAT COUNTRY?	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>Weldon Halliugh</i>		14. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	
18. <i>754.2</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Conjunctive Heart Failure</i> DUE TO <i>Interventricular Septal Defect</i> DUE TO <i>Since Birth</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>24 hrs</i>	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>July 3, 1952</i>		19B. MAJOR FINDINGS OF OPERATION <i>Conjunctive Heart Disease</i>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>7-2</i> , 1952, to <i>7-4</i> , 1952, that I last saw the deceased alive on <i>7-4</i> , 1952, and that death occurred at <i>5:08 p.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Herbert H. Kay, M.D.</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
23C. DATE SIGNED <i>July 7, 52</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>July 6, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Fairview Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Culpeper, Virginia</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 5-1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
25. FUNERAL DIRECTOR <i>Clore Funeral Home</i>		ADDRESS <i>(Joseph I. Brown)</i> <i>Culpeper, Virginia</i>	



-200

6239

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6239

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARIE MARY CASH

2. DATE
OF
DEATH

7-4-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Penn

B. COUNTY

V-39

B. FULL NAME OF (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Knoxville

D. STREET ADDRESS (If rural, give location)

Rural

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE MARRIED,
~~WIDOWED~~ DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

5/18/1896

9. AGE (In years last birthday)

56

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Penn

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Hazel Charney 33 Honey Creek Rd.

18. 420.11

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial infarction

3 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Pulmonary infarction

4-6 days

DUE TO

(C) ATHEROSCLEROSIS & PLEBITIS
OVARIAN VEINS

?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

DIABETES MELLITUS

7 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-1-52, to 7-4-52, 19, that I last saw the deceased alive on 7-4-52, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Henry D. Perry Jr.

University Hospital

7-4-52

24A. BURIAL CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

24A. BURIAL CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 5 - 1952

Huntington Williams, Jr.

Wm Cook Inc. 32 St. Paul St.

8150

CERTIFICATE OF DEATH
DEPARTMENT OF HEALTH DEPARTMENT

8151

[Faint, illegible text and markings on a death certificate form, including fields for name, date, and cause of death.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6240**

360
6240

1. NAME OF DECEASED (Type or Print) STARR, FRANK		2. DATE OF DEATH July 2, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 20-00	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 17 North Gorman Ave	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Nov. 5, 1881
9. AGE (In years last birthday) 70		10. CITIZEN OF WHAT COUNTRY? U.S.A.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret - Photo Salesman		11. BIRTHPLACE (State or foreign country) Maryland	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Francis Starr		14. MOTHER'S MAIDEN NAME Emma Sheppard	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT Evelyn Starr, 17 Gorman Ave		ADDRESS	
18. 150X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carcinoma of the Esophagus DUE TO (B) DUE TO (C)			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/23/52 , 1952, to 7/2 , 1952, that I last saw the deceased alive on 7/2 , 1952, and that death occurred at 7:40 A.M. , from the causes and on the date stated above.			
23A. SIGNATURE Richard C Packert		23B. ADDRESS University Hospital	23C. DATE SIGNED July 2, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7/5/52	24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24D. LOCATION (City, town, or county) (State) Woodlawn Md.
DATE RECEIVED BY LOCAL REGISTRAR JUL 5 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. Cook, Inc., 1212 B. Paul	

MEDICAL CERTIFICATION

0510

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of informant		12. Signature of witness	
13. Signature of medical examiner		14. Signature of coroner		15. Signature of jury	
16. Signature of health officer		17. Signature of local health officer		18. Signature of local health officer	
19. Signature of local health officer		20. Signature of local health officer		21. Signature of local health officer	
22. Signature of local health officer		23. Signature of local health officer		24. Signature of local health officer	
25. Signature of local health officer		26. Signature of local health officer		27. Signature of local health officer	
28. Signature of local health officer		29. Signature of local health officer		30. Signature of local health officer	
31. Signature of local health officer		32. Signature of local health officer		33. Signature of local health officer	
34. Signature of local health officer		35. Signature of local health officer		36. Signature of local health officer	
37. Signature of local health officer		38. Signature of local health officer		39. Signature of local health officer	
40. Signature of local health officer		41. Signature of local health officer		42. Signature of local health officer	
43. Signature of local health officer		44. Signature of local health officer		45. Signature of local health officer	
46. Signature of local health officer		47. Signature of local health officer		48. Signature of local health officer	
49. Signature of local health officer		50. Signature of local health officer		51. Signature of local health officer	
52. Signature of local health officer		53. Signature of local health officer		54. Signature of local health officer	
55. Signature of local health officer		56. Signature of local health officer		57. Signature of local health officer	
58. Signature of local health officer		59. Signature of local health officer		60. Signature of local health officer	
61. Signature of local health officer		62. Signature of local health officer		63. Signature of local health officer	
64. Signature of local health officer		65. Signature of local health officer		66. Signature of local health officer	
67. Signature of local health officer		68. Signature of local health officer		69. Signature of local health officer	
70. Signature of local health officer		71. Signature of local health officer		72. Signature of local health officer	
73. Signature of local health officer		74. Signature of local health officer		75. Signature of local health officer	
76. Signature of local health officer		77. Signature of local health officer		78. Signature of local health officer	
79. Signature of local health officer		80. Signature of local health officer		81. Signature of local health officer	
82. Signature of local health officer		83. Signature of local health officer		84. Signature of local health officer	
85. Signature of local health officer		86. Signature of local health officer		87. Signature of local health officer	
88. Signature of local health officer		89. Signature of local health officer		90. Signature of local health officer	
91. Signature of local health officer		92. Signature of local health officer		93. Signature of local health officer	
94. Signature of local health officer		95. Signature of local health officer		96. Signature of local health officer	
97. Signature of local health officer		98. Signature of local health officer		99. Signature of local health officer	
100. Signature of local health officer		101. Signature of local health officer		102. Signature of local health officer	

653
52 6241
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

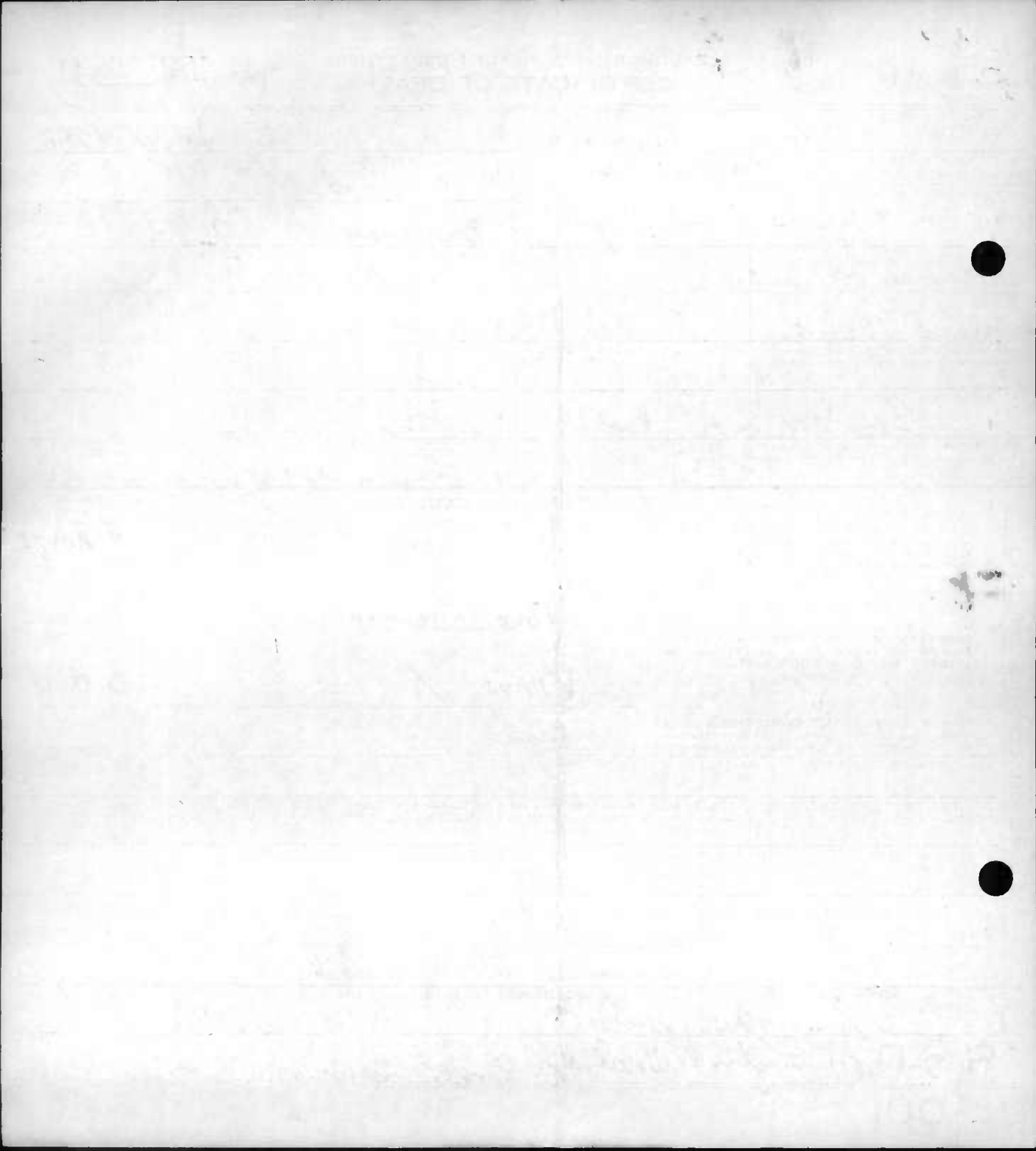
Registered No. 52 6241

1. NAME OF DECEASED (Type or Print) <i>Patricia Maranto</i>		2. DATE OF DEATH <i>July 2, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Maryland General</i>		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>27-05</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
C. Length of stay in Baltimore <i>md</i>		D. STREET ADDRESS (If rural, give location) <i>3902 Mayberry</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Child</i>	8. DATE OF BIRTH <i>Oct 10th 1945</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>Francis E Maranto</i>		14. MOTHER'S MAIDEN NAME <i>Rose Raymond</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Mr. J. Maranto</i>		ADDRESS <i>3902 Mayberry Ave</i>	

18. <i>490X</i>	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Acute Cardiac Failure</i>		<i>4 hours</i>
ANTECEDENT CAUSES	(B) <i>Lobar Pneumonia</i>		<i>1 day</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) <i>Virus X</i>		<i>3 days</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July 1</i> , 19 <i>52</i> , to <i>July 2</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>July 2</i> , 19 <i>52</i> , and that death occurred at <i>9:35</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Paul M. Zimmerman</i>		23B. ADDRESS <i>2050 Hoxford Rd.</i>		23C. DATE SIGNED <i>July 2, 52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
<i>Burial July 7th 52</i>				<i>Holy Redeemed Belair Rd</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 5 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Leah E. B. 31801-03 Dr. Patterson Park Ave</i>	

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 6242
Registered No.

236
6242
BIRTH NO.

1. NAME OF DECEASED (Type or Print) FOSTER, CLARENCE F.			2. DATE OF DEATH July 4, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore		
b. FULL NAME OF HOSPITAL OR INSTITUTION St. Josephs Hospital			c. CITY OR TOWN Baltimore		
c. Length of stay in Baltimore			d. STREET ADDRESS (If rural, give location) 2011 E. Federal Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Divorced	8. DATE OF BIRTH Oct 2nd 1886		9. AGE (in years last birthday) 65
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver on Wagon			10b. KIND OF BUSINESS OR INDUSTRY Perman R. R.		11. BIRTHPLACE (State or foreign country) Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME Charles Foster		
14. MOTHER'S MAIDEN NAME Mary Smith			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT Mrs. Robinson		
18. ADDRESS 2011 E. Federal St.					

18. 570.11		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A)	Acute pulmonary edema		
DUE TO		(B)	Acute gastric dilatation		
ANTECEDENT CAUSES		(C)	Paralytic ileus		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					

**II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.**

19a. DATE OF OPERATION 7/1		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 28, 1952 to July 4, 1952, that I last saw the deceased alive on July 4, 1952, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE E. P. Coffey Jr.	23b. ADDRESS M. D.	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 5 1952	24c. NAME OF CEMETERY OR CREMATORY Balto. Cem.	24d. LOCATION (City, town, or county) (State) E. North Ave. Cat.
DATE RECEIVED BY LOCAL REGISTRAR JUL 5 - 1952		REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR 1701-03 N. Park Ave

[Faint, mostly illegible text covering the body of the document, possibly a memorandum or report. The text is mirrored across the page, suggesting a bleed-through from the reverse side.]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

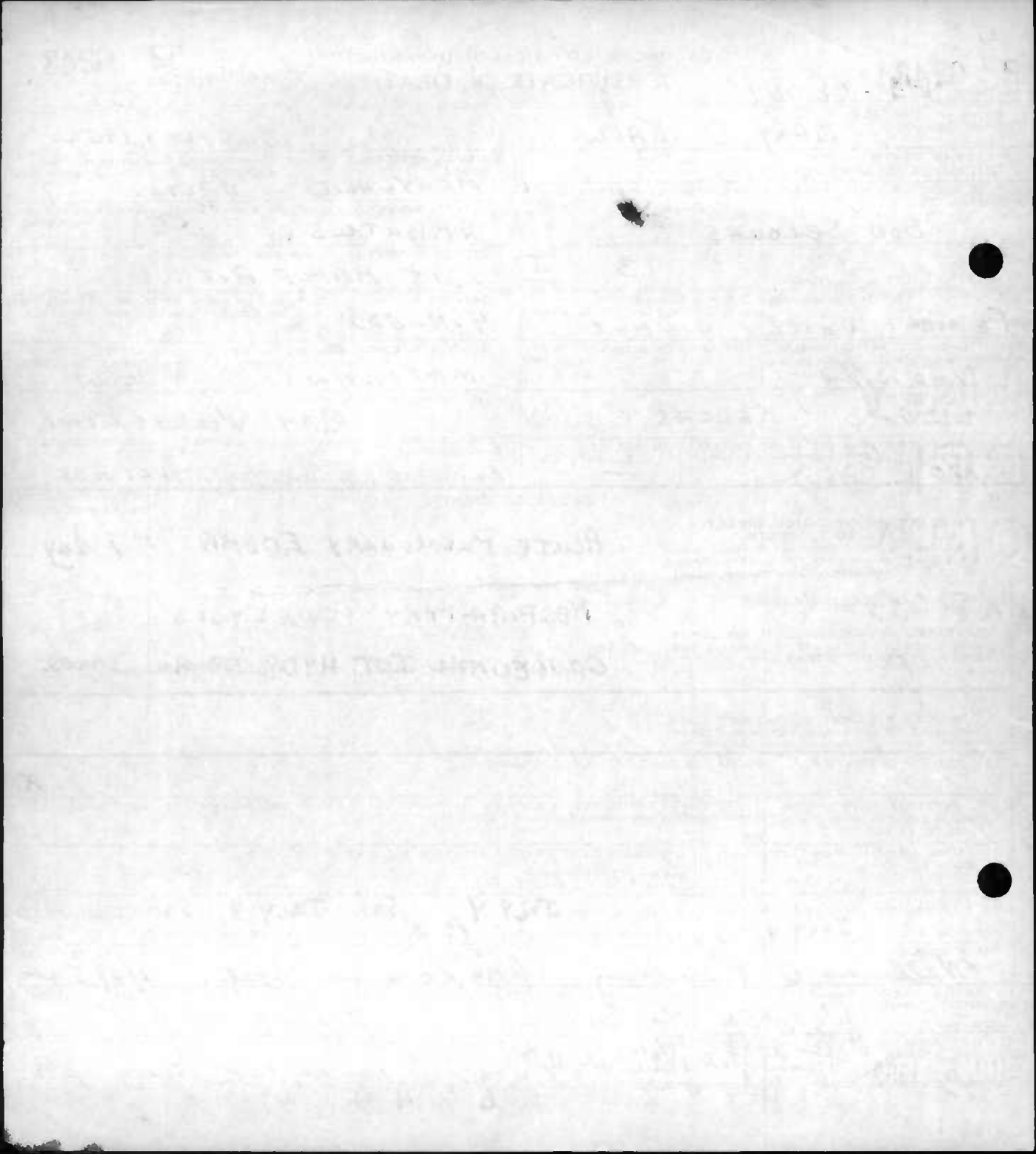
Registered No. 52 6243

420
52 6243
BIRTH NO. 52-08064

1. NAME OF DECEASED (Type or Print) MARY E. KALLAS			2. DATE OF DEATH JULY 4, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY BALTO.		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION BON SECOURS			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ARBITUS		
c. Length of stay in Baltimore 3			D. STREET ADDRESS (If rural, give location) 1315 MAPLE AVE. 5951		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 4-4-52	9. AGE (in years last birthday) 3	If Under 1 Year Months: 0 Days: 0 Hours: 0
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT			10B. KIND OF BUSINESS OR INDUSTRY -		
13. FATHER'S NAME ELLWOOD W. KALLAS			12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) NO			16. SOCIAL SECURITY NO. -		
			11. BIRTHPLACE (State or foreign country) MARYLAND		
			14. MOTHER'S MAIDEN NAME MAY WILLYS LINK		
			17. INFORMANT ADDRESS ELLWOOD KALLAS 1315 MAPLE AVE.		

18. 752 X 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ACUTE PULMONARY EDEMA DUE TO RESPIRATORY PARALYSIS DUE TO CONGENITAL INT. HYDROCEPHALUS		INTERVAL BETWEEN ONSET AND DEATH 1 day 3 mos.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from JULY 4, 1952 to JULY 4, 1952 that I last saw the deceased alive on JULY 4, 1952 and that death occurred at 10 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE William A. Piesbury M.D.		23B. ADDRESS Bon Secours Hosp.		23C. DATE SIGNED 7/4/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE July 5, 1952	24C. NAME OF CEMETERY OR CREMATORY Louder Park	24D. LOCATION (City, town, or county) (State) Baltimore, Md.		
DATE RECEIVED BY LOCAL REGISTRAR JUL 5 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Joseph J. Ambrose		ADDRESS 1328 Sulphur Sp. Rd.	

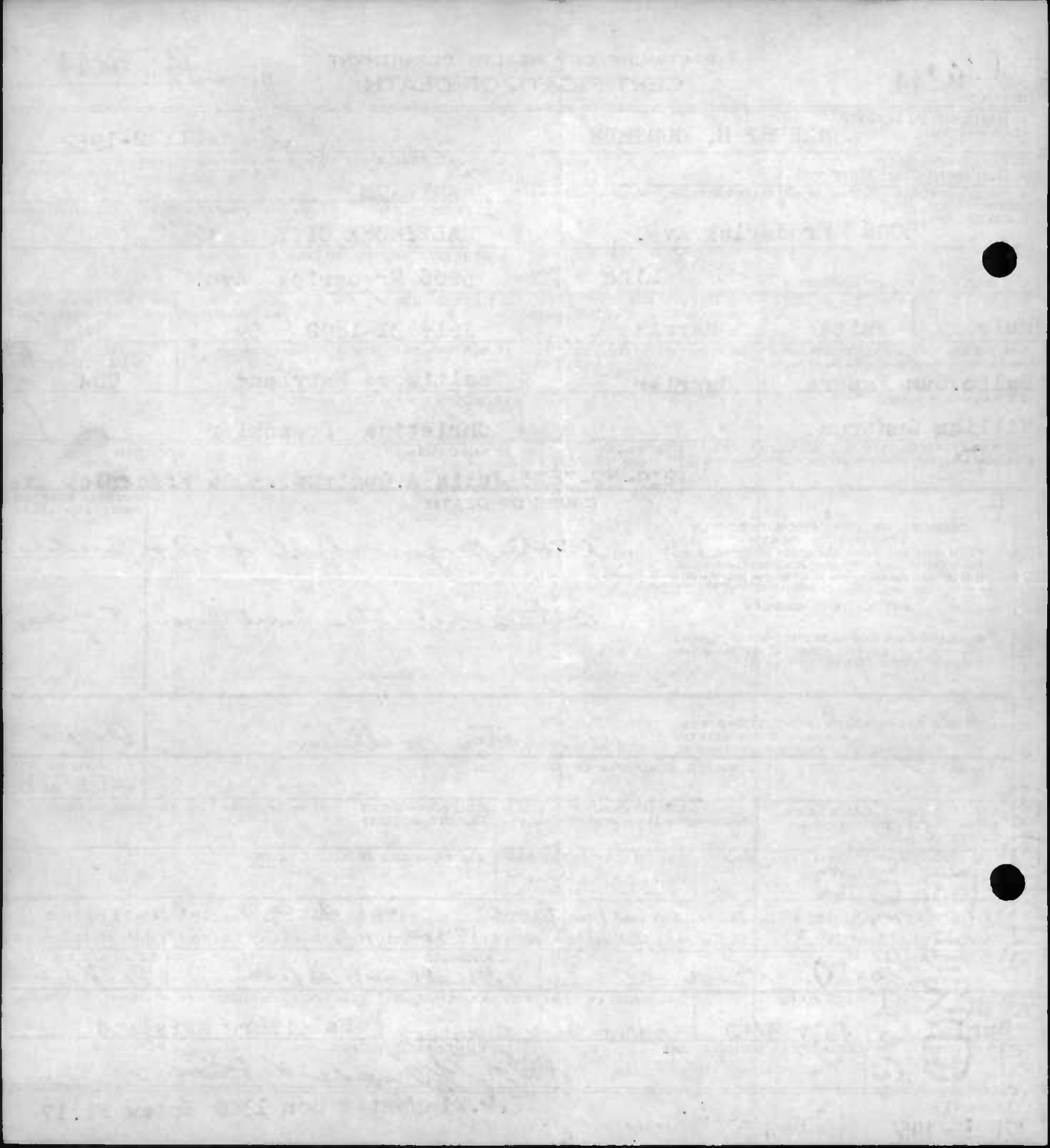


536
52 6244BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6244

1. NAME OF DECEASED (Type or Print) ALBERT H. GUNTRUM		2. DATE OF DEATH JULY 2-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 5006 Frederick Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE CITY	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 5006 Frederick Ave.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 31-1892
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Balto. Sun Papers		11. BIRTHPLACE (State or foreign country) Baltimore Maryland	
10B. KIND OF BUSINESS OR INDUSTRY Carrier		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME William Guntrum		14. MOTHER'S MAIDEN NAME Christina Dreschler	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 219-32-3673	
17. INFORMANT Julia A. Guntrum		ADDRESS 5006 Frederick Ave	
18. 470.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute myocardial infarction Sudden DUE TO arteriosclerotic heart disease 5 yrs DUE TO Diabetes mellitus 6 yrs		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June , 1946, to July 2 , 1952 that I last saw the deceased alive on oct 27 , 1950, and that death occurred at 7:30 A. M. , from the causes and on the date stated above.			
23A. SIGNATURE Geo J. Gave		23B. ADDRESS 11 Mallow Hill Ave	
23C. DATE SIGNED 7/2/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE July 5/52	
24C. NAME OF CEMETERY OR CREMATORY London Park Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore Maryland	
DATE RECEIVED BY LOCAL REGISTRAR JUL 5-1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
VS 150		F. B. Wippert & Son 1300 Eutaw Pl. 17	

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6245
Registered No.

BIRTH NO. 520 6245 Non Res

1. NAME OF DECEASED (Type or Print) Fendler Jones		2. DATE OF DEATH July 3, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If in institution: residence before admission) A. STATE Md. B. COUNTY 17-02	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. 1 Mos. 14 Days 1		D. STREET ADDRESS (If rural, give location) 1137 Argyle Ave	
5. SEX F	6. COLOR OR RACE Negro	7. (SINGLE) MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 3/15/1912
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Findley Jones		14. MOTHER'S MAIDEN NAME Pearl Adger	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT		ADDRESS	

18. E885.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Lead Encephalopathy	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 1 wks ±
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) DUE TO	
	(B) DUE TO	
	(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 7-5-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1137 Argyle Avenue	
21D. TIME (Month) (Day) (Year) (Hour) INJURY 1952		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Child had been eating paint	
22. I hereby certify that I attended the deceased from July 2, 1952 to July 3, 1952 that I last saw the deceased alive on July 3, 1952 and that death occurred at 5:40 m., from the causes and on the date stated above.					
23A. SIGNATURE Timothy D. Baker		23B. ADDRESS Univ. Hosp.		23C. DATE SIGNED July 3, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 7-5-52		24C. NAME OF CEMETERY OR CREMATORY MT. AUBURN CEM	
24D. LOCATION (City, town, or county) (State) BALTIMORE Md		25. FUNERAL DIRECTOR WILLIAM A. JACKSON		ADDRESS 916 PENNA. AVE.	

VS 150

N-966.0 To be taken to the Medical Examiners for final ok.

MEDICAL CERTIFICATION

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

1. Name of deceased: *John Doe*
2. Sex: *Male*
3. Age: *45*
4. Date of birth: *Jan 1, 1900*
5. Place of birth: *New York City*
6. Race: *White*
7. Occupation: *Teacher*
8. Cause of death: *Heart Disease*
9. Date of death: *Dec 15, 1945*
10. Place of death: *Home*
11. Signature of physician: *Dr. J. Smith*
12. Signature of registrar: *John Doe*

13. Name of informant: *John Doe*
14. Relationship to deceased: *Spouse*
15. Address of informant: *123 Main St, New York City*
16. Date of report: *Dec 16, 1945*
17. Signature of informant: *John Doe*

18. Name of physician: *Dr. J. Smith*
19. Address of physician: *456 Main St, New York City*
20. Date of report: *Dec 16, 1945*
21. Signature of physician: *Dr. J. Smith*
22. Name of registrar: *John Doe*
23. Address of registrar: *123 Main St, New York City*
24. Date of report: *Dec 16, 1945*
25. Signature of registrar: *John Doe*

500
52 6246

DR. McDONALD 844 W. CAREY ST

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6246

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
CLARENCE E CONWAY.		7-2-52.	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY	
BALTIMORE.		MARYLAND	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
1711 W. LAFAYETTE AVE.		BALTIMORE.	
LIFE.		16-03	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)	
		1711 W. LAFAYETTE AVE.	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
MALE.	COL	MARRIED	11-15-1895
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday)
HAULING		TRUCK	56.
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country)	
ROLEY CONWAY VA.		MARYLAND.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
YES W. W. #1 - U.S. NAVY.		U. S. A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME	
		MARY BREWER. Md.	
17. INFORMANT		1711 ADDRESS	
HELEN CONWAY.		W. LAFAYETTE AVE.	
18. 443 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
ANTECEDENT CAUSES		(A) Cerebral Hemorrhage	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO H C V D	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
		2 hrs	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
not			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 1, 1952, to July 2, 1952, that I last saw the deceased alive on July 1, 1952, and that death occurred at 11:00 P. M., from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
George McDonald		844 W. Carey St. Balt. Md.	
M. D.		23C. DATE SIGNED	
		7/3/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
BURIAL		7-5-52	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
ARBUTUS MEM-PARK		BALTIMORE. Md.	
DATE RECEIVED BY LOCAL REGISTRAR		25. FUNERAL DIRECTOR	
JUL 5 - 1952		916	
REGISTRAR'S SIGNATURE		ADDRESS	
Huntington Williams, M.D.		WILLIAM A. JACKSON PENNA. AVE.	

MEDICAL CERTIFICATION

2044

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 6247
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) ALFRED PROSER (PROSNIIEWSKI)		2. DATE OF DEATH July 3, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY _____	
b. FULL NAME OF HOSPITAL OR INSTITUTION 1633 Lancaster Street		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 45 yrs Yrs. _____ Mos. _____ Days _____		d. STREET ADDRESS (If rural, give location) 1633 Lancaster Street	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH September 24, 1905
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Surveyor-Linesman		10b. KIND OF BUSINESS OR INDUSTRY City of Baltimore	9. AGE (in years last birthday) 46 If Under 1 year: Months: _____ Days: _____ If Under 24 hours: Hours: _____ Min: _____
13. FATHER'S NAME Frank Prosniewski		11. BIRTHPLACE (State or foreign country) Pennsylvania	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. _____		14. MOTHER'S MAIDEN NAME Maryanna Golembieski	
17. INFORMANT Mrs. Josephine Proser, 1633 Lancaster St.		ADDRESS _____	

18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH CORONARY OCCLUSION (A) _____ DUE TO _____	INTERVAL BETWEEN ONSET AND DEATH 7/3/52
	(B) _____ DUE TO CARDIAC FAILURE	CORONARY INSUFFICIENCY & CONGESTIVE APRIL 1951
	(C) _____ DIABETES MELLITUS	???
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION —		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 3, 1952 , to July 3, 1952 , that I last saw the deceased alive on July 3, 1952 , and that death occurred at 6:45 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE <i>Joseph F. Dranga</i>		23b. ADDRESS 209 S. Liberty St.		23c. DATE SIGNED 7/4/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/7/52		24c. NAME OF CEMETERY OR CREMATORY Holy Rosary	
		24d. LOCATION (City or county) (State) Baltimore Maryland			

DATE RECEIVED BY LOCAL REGISTRAR JUL 5 - 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR M.F. SADOWSKI & SONS, 1808 EASTERN AVENUE	
VS 150		092 93		<i>Charles S. Sadowski</i>	

MEDICAL CERTIFICATION

STATEMENT OF DEATH

STATE OF OHIO

County of _____

City of _____

1. Name of Deceased _____

2. Sex _____

3. Date of Birth _____

4. Date of Death _____

5. Cause of Death _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6248**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) FRANCES FUHRER		2. DATE OF DEATH July 3, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1067 Cameron Road	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 7-1895
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stenographer		10B. KIND OF BUSINESS OR INDUSTRY Hospital	9. AGE (in years last birthday) 57
13. FATHER'S NAME Fritz		11. BIRTHPLACE (State or foreign country) Baltimore Md	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO. 578-5168		14. MOTHER'S MARRIAGE NAME Unknown	
17. INFORMANT Irvin Fuhrer		ADDRESS 1067 Cameron Rd	

18. 581.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fatty liver DUE TO chronic alcoholism	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley A. Duescher M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23C. DATE SIGNED July 4, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24B. DATE July 5/52	24C. NAME OF CEMETERY OR CROMATORY London Park	24D. LOCATION (City, town, or county) (State) Balto. Md	
DATE RECEIVED BY LOCAL REGISTRAR JUL 5-1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR George E. Schwab
				ADDRESS

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MEDICAL CERTIFICATION

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52 6249

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6249

Registered No.

1. NAME OF DECEASED (Type or Print) <i>Peter Schmidt</i>		2. DATE OF DEATH <i>July 4, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Grady 3</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Ohio</i> B. COUNTY <i>V-32</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Canton</i>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>4408 11th St. S.W.</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>7-23-84</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Engineer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>?</i>	9. AGE (in years last birthday) <i>67</i>
11. BIRTHPLACE (State or foreign country) <i>Germany</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Karl Schmidt</i>		14. MOTHER'S MAIDEN NAME <i>Caroline Reigel</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>581.0 I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>3 years</i>
	(A) <i>Embolic of Lungs</i> DUE TO		
	(B) <i>The crisis of Lungs</i> DUE TO		
(C)			

19A. DATE OF OPERATION <i>6-20-52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Post necrotic embolism of lungs</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from *6-9*, 19*52* to *7-4*, 19*52*, that I last saw the deceased alive on *7-4*, 19*52*, and that death occurred at *7:18 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE *Huntington Williams, M.D.* 23B. ADDRESS *JOHNS HOPKINS HOSPITAL* 23C. DATE SIGNED *7-5-52*

24A. BURIAL CREMATION REMOVAL (Specify)	24B. DATE <i>7-5-52</i>	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State) <i>Canton, Ohio</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>III 5-1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Wm. J. Hickner & Sons</i>	ADDRESS
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VS 150
1952 58399

MEDICAL CERTIFICATION

1940

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

PLANT INDUSTRY

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515
2 6251

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6251

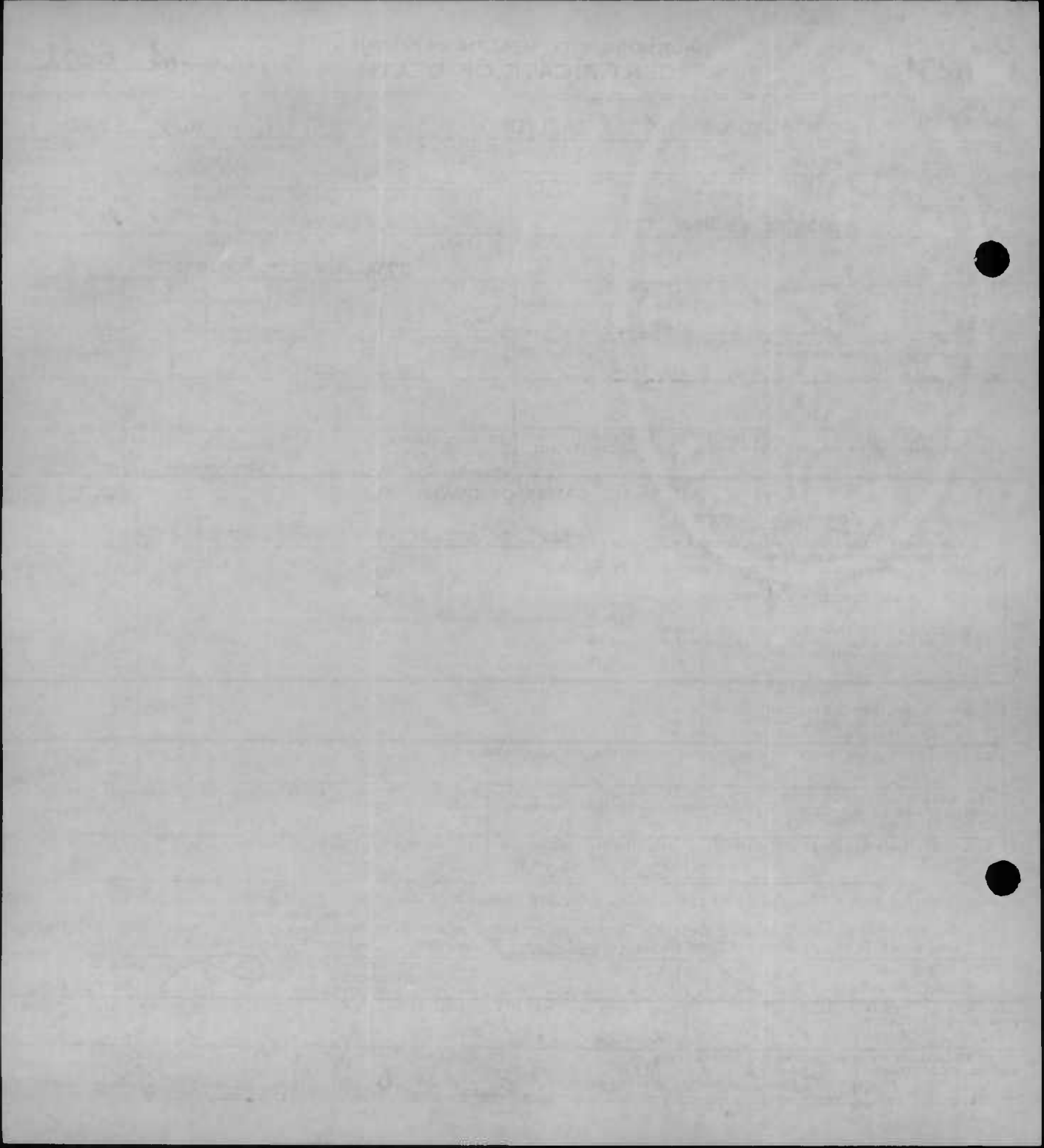
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
GEORGE M. DUNIVIN		July 4, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		A. STATE Maryland	
C. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
5. SEX Male		D. STREET ADDRESS (If rural, give location) 2754 Alameda Boulevard	
6. COLOR OR RACE White		E. AGE (In years last birthday) 61	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		F. Under 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Salesman		11. BIRTHPLACE (State or foreign country) Missouri	
10B. KIND OF BUSINESS OR INDUSTRY S. S. & D. Motors		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME ?		14. MOTHER'S MAIDEN NAME ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT James E. Dunivin		ADDRESS Jessups Md.	

18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(A) Arteriosclerotic cardiovascular disease		
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		
ANTECEDENT CAUSES		
(B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley H. Dunlacher M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/>		23C. DATE SIGNED July 5, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7/7/52	24C. NAME OF CEMETERY OR CREMATORY Lorraine Park	24D. LOCATION (City, town, or county) (State) Windsor Mill Rd.	
DATE RECEIVED BY LOCAL REGISTRAR JUL 5 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Paul C. Blumhardt



100
52 6252

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6252
Registered No.

BIRTH NO.					
1. NAME OF DECEASED (Type or Print) FRANCES HELEN RUBY			2. DATE OF DEATH July 3, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 533 N. Luzerne Ave.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-02		
c. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 533 N. Luzerne Ave.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH April 20, 1889	9. AGE (In years; last birthday) 63	10 Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph Hupka			14. MOTHER'S MAIDEN NAME unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Henry G. Ruby, son, above		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I Coronary occlusion DUE TO (A) Coronary insufficiency DUE TO (B) Essential hypertension (C)			INTERVAL BETWEEN ONSET AND DEATH 1 hour 1 yr. 3 yrs.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from October , 1948, to July 3 , 1952 that I last saw the deceased alive on June 23 , 1952 and that death occurred at 2:00 Am. , from the causes and on the date stated above.					
22A. SIGNATURE Donald E. Ruben		22B. ADDRESS 3128 Harford Rd		22C. DATE SIGNED 7/5/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE July 7, 1952		24C. NAME OF CEMETERY OR CREMATORY Baltimore Cem.	
24D. LOCATION (City, town, or county) (State) North Ave. & Rose St. Balto. Md.		25. FUNERAL DIRECTOR ADDRESS Schmidek Funeral Home, Inc. 2601-3-5 E. Madison St.			
DATE RECEIVED BY LOCAL REGISTRAR III 5-1952		REGISTRAR'S SIGNATURE Huntington Williams			

MEDICAL CERTIFICATION

5 2 1 1 9 6 2 1 9

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

DATE OF DEATH

AT THE RESIDENCE OF

DECEASED

DATE OF BIRTH

AGE

PLACE OF BIRTH

CITY

STATE

DECEASED

DECEASED

DECEASED

DECEASED

CAUSE OF DEATH

DECEASED

DECEASED

DECEASED

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6253

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Spangler, David John David Spangler

2. DATE
OF
DEATH

July 3rd 1952

3. PLACE OF DEATH:

A. Baltimore City, MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Church Home and Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

345 33rd Baltimore Street
1527 Roundhill Ave. rd

c. Length of stay in Baltimore

33 73

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

B. DATE OF BIRTH

Jan 20. 1879

9. AGE (In years
last birthday)

73 73

If Under 1 Year: Months: Days
If Under 24 Hours: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life even if retired)

crane operator

10B. KIND OF BUSINESS OR
INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

Baltimore, Md

12. CITIZEN OF
WHAT COUNTRY?

US

13. FATHER'S NAME

Do Andrew Sp. Andrew Spangler

14. MOTHER'S MAIDEN NAME

Elisabeth Lentz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

no

16. SOCIAL
SECURITY NO.

214-01-4461

17. INFORMANT

Fried Johnson, daughter, Ball. 15, 27 Roundhill Road

18. 337X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Thrombosis

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

HYPERTENSION

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

Ago

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

no

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☒ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 2, 1952, to July 3, 1952 that I last saw the
deceased alive on July 3, 1952, and that death occurred at 10:5 pm., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

July 7, 1952

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 5 - 1952

Huntington Williams, M.D.

Paul A. Heemann 6067 Harford Rd.

Spencer, George John 1894

1894

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 6254

52 6254 *Don Res*

1. NAME OF DECEASED (Type or Print) <i>James Carey</i>		2. DATE OF DEATH <i>July 4, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Va.</i> B. COUNTY <i>V-43</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN <i>Phoebus</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>410 E. Mallory St</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>-</i>	8. DATE OF BIRTH <i>3-21-52</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) <i>3</i>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Va.</i>	
13. FATHER'S NAME <i>James Carey</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>754.4</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH <i>Birth-3 years</i>
	(A) DUE TO	<i>Congenital Heart Disease</i>	
	(B) DUE TO	<i>(Anomalous pulmonary veins and vena cava)</i>	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>7</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *June 20, 1952* to *July 4, 1952* that I last saw the deceased alive on *July 4, 1952* and that death occurred at *1:40* p.m., from the causes and on the date stated above.

23A. SIGNATURE *Robert E. Herndon, M.D.* 23B. ADDRESS *JOHNS HOPKINS HOSPITAL* 23C. DATE SIGNED *July 5, 1952*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>	24B. DATE <i>July 5-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Phoebus - Va.</i>	24D. LOCATION (City, town, or county) (State) <i>Va.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 5 - 1952</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, M.D. Wm Cook Inc. Baltimore</i>	

MEDICAL CERTIFICATION

12-1

55

CERTIFICATE OF DEATH

8-27

1999

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6255**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ANNA R. HITZELBERGER			2. DATE OF DEATH 3 July 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Lutheran Hosp of Ind Inc			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-05		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 6503 Eastern Ave		
5. SEX F	6. COLOR OR RACE W	7. SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 1/15/91		9. AGE (In years last birthday) 61
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At Home.	11. BIRTHPLACE (State or foreign country) Baltimore, Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George H. Flathmann			14. MOTHER'S MAIDEN NAME Johanna ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. ***	17. INFORMANT ADDRESS Hospital Records		

MEDICAL CERTIFICATION

18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia, pleural + pericardial effusion		INTERVAL BETWEEN ONSET AND DEATH 4 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriolesclerosis		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Generalized arteriosclerosis		
19A. DATE OF OPERATION 7	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 1 July , 19 52 , to 3 July , 19 52 , that I last saw the deceased alive on 3 July , 19 52 , and that death occurred at 7:50 pm. , from the causes and on the date stated above.		
23A. SIGNATURE Anthony G. Di Giovanni	23B. ADDRESS Lutheran Hospital	23C. DATE SIGNED 3 July 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE July 7, 1952.	24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery
DATE RECEIVED BY LOCAL REGISTRAR JUL 5 - 1952		24D. LOCATION (City, town, or county) (State) 3801 Frederick Ave. Balto., Md.
REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS 901 S. Conkling St.

VS 150

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

Full name

Age

Sex

Usual residence

Place of death

CHIEF OF BUREAU

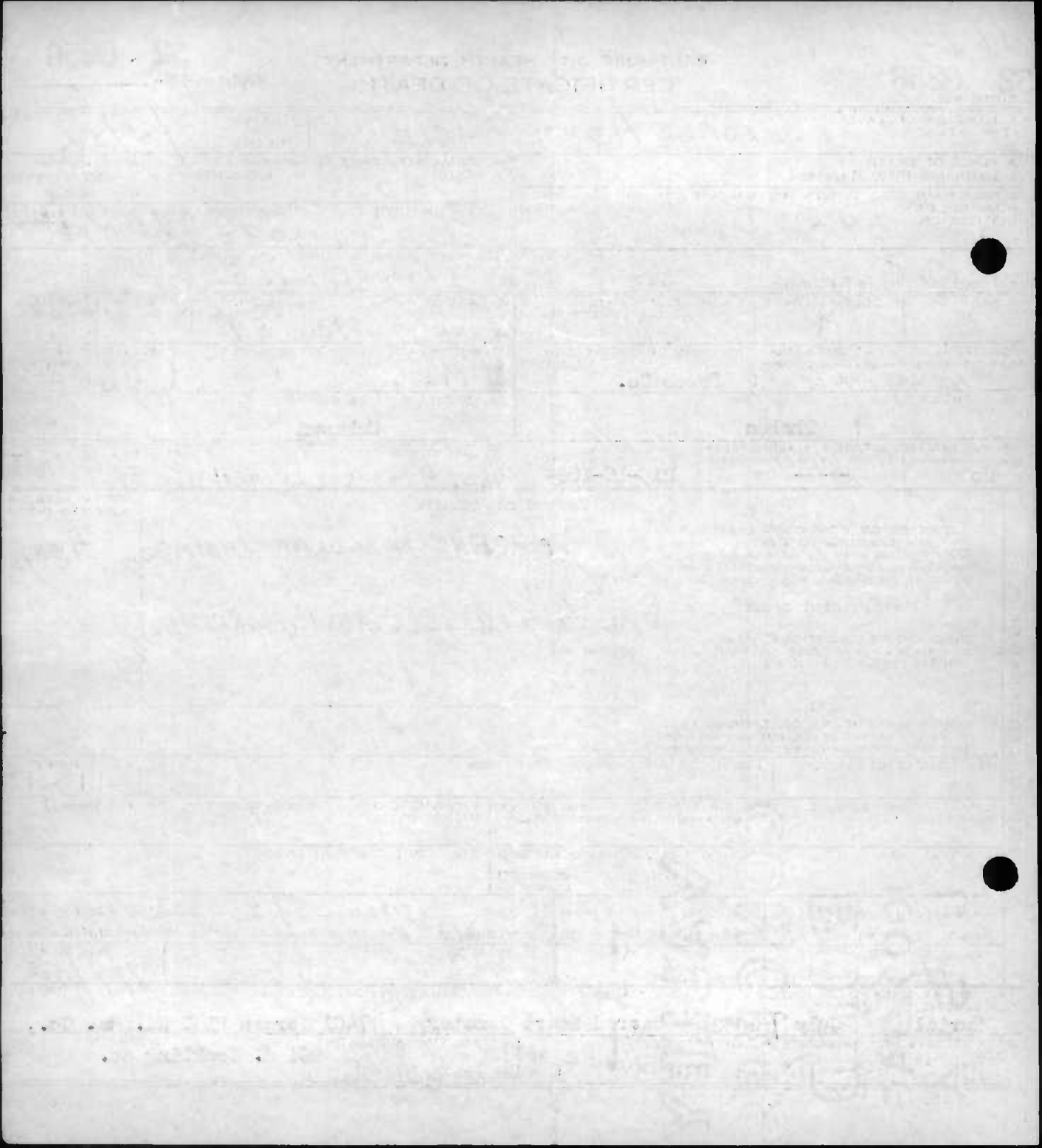
450
52 6256

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6256
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
GEORGE ADAM THELEN		7/4/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD.	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3414 DILLON ST.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 16-09	
c. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 3414 DILLON ST	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH JUNE 17, 1893
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCHMAN		10B. KIND OF BUSINESS OR INDUSTRY Pemco Co.	
11. BIRTHPLACE (State or foreign country) MD.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME ? Thelen		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 215-10-1869	
17. INFORMANT MRS. ANNA CUNNINGHAM		ADDRESS 3428 DILLON ST.	
18. 332X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH CEREBRO-VASCULAR THROMBOSIS 4 DAYS ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. ARTERIOSCLEROSIS, GENERALIZED. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 7/1, 1951, to 7/4, 1952, that I last saw the deceased alive on 7/3, 1952, and that death occurred at 12:30 A.M., from the causes and on the date stated above.			
23A. SIGNATURE Henry J. Housha		23B. ADDRESS 333 S. East Ave	
23C. DATE SIGNED 7/4/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE July 7, 1952	
24C. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery		24D. LOCATION (City, town, or county) (State) 7401 German Hill Rd. Ba. Co.,	
DATE RECEIVED BY LOCAL REGISTRAR JUL 5 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
VS 150		25. FUNERAL DIRECTOR Charles E. Jones 901 S. Conkling St.	

MEDICAL CERTIFICATION



52 6257

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6257

BIRTH NO.

I. NAME OF DECEASED
(Type or Print)

Francis Campbell

2. DATE
OF
DEATH

July 4, 1952

3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

University Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 17-03

D. STREET ADDRESS (If rural, give location)

1050-7 Myrtle Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

9. AGE (In years
last birthday)

45

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Barber

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Margaret Campbell 1050 Myrtle Ave

18. 162X and 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) ...
DUE TO

Myocardial Infarction

5 minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) ...
DUE TO
(C) ...Biological Carcinoma } breast present
or
Pneumonia Tuberculosis } per indol periodII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK22. I hereby certify that I attended the deceased from July 4, 1952, to July 4, 1952, that I last saw the
deceased alive on July 4, 1952, and that death occurred at 7:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Joseph C. Fitzgerald

M. D.

University Hosp.

7-5-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 6 - 1952

Huntington Williams, M.D.

Barrett Matthews 614-4884

See Document File for autopsy findings and
Dr. Silverman's directive (Dir. Bureau Tbc)

Autopsy revealed Ca of R. lung with metastases to mediastinum,
pleura and liver - massive hemothorax on R -

also fibrinous Tbc of apices of both lungs.

620
52 6258BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6258
Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print) LEON AARON BRISCOE		2. DATE OF DEATH July 3, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE DC B. COUNTY V-48			
B. FULL NAME OF HOSPITAL OR INSTITUTION US Public Health Service Hospital Wyman Pk. Drive & 31st St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Washington			
c. Length of stay in Baltimore ? 260 days		D. STREET ADDRESS (If rural, give location) 713 Delaware, SW			
5. SEX M	6. COLOR OR RACE col	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH 2/15/02	9. AGE (In years last birthday) 49	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY Gen		11. BIRTHPLACE (State or foreign country) DC	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME William Briscoe		14. MOTHER'S MAIDEN NAME Francis Toomey	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. 578-0347974		17. INFORMANT Records- US PHS Hospital, Balto, Md.	
18. I 197X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myosarcoma with multiple metastases (A) DUE TO CAUSE OF DEATH ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH Approx 1 1/2 yrs			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct. 17 , 19 51 to July 3 , 19 52 that I last saw the deceased alive on July 3 , 19 52 , and that death occurred at 9 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE about Sjordsma		23B. ADDRESS US PHS Hospital, Balto, Md.		23C. DATE SIGNED 7/5/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 7-5-52		24C. NAME OF CEMETERY OR CREMATORY Washington, DC	
24D. LOCATION (City, town, or county) (State) Washington, DC		25. FUNERAL DIRECTOR Huntington Williams, Jr.		ADDRESS 614 4th St. SW.	
DATE RECEIVED BY LOCAL REGISTRAR JUL 6 - 1952		VS 150 97099			

HAZARDOUS WASTE TREATMENT

CERTIFICATE OF DEATH

NEW YORK

STATE OF NEW YORK
COUNTY OF NEW YORK
I, the undersigned, a duly qualified and licensed
physician, do hereby certify that
the within and foregoing is a true and correct
copy of the original record of the death of
the person named therein, as the same appears
from the records of the Department of Health,
State of New York.

52 6259

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6259

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Benjamin M. Blumenthal

2. DATE
OF

DEATH July, 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Md B. COUNTY before admission)B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION 1701 N. Ellamont St.

Feinblatt Nursing Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore, Md. 14-03 township)

D. STREET ADDRESS (If rural, give location)

2022 Eutaw Place

C. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Sept. 14, 1879

9. AGE (in years
last birthday)

72

11 Under 1 Year
Months: Days

9

21

11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salem

10B. KIND OF BUSINESS OR
INDUSTRY

Jobber

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Isaac Blumenthal

14. MOTHER'S MAIDEN NAME

Ross Myers

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Sydney Blumenthal 43 S. Liberty St.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Carcinoma of sigmoid
with metastases

1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Complete heart Block
(Adam - Stokes disease)

5 years

19A. DATE OF OPERATION

1951

19B. MAJOR FINDINGS OF OPERATION

June 1951 Resection colon for carcinoma

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1945 to July 5, 1952 that I last saw the
deceased alive on July 4, 1952 and that death occurred at 8:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Gaut Cohen

23B. ADDRESS

M. D.

1804 Eutaw Place

23C. DATE SIGNED

7/5/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

July 6, 1952

24C. NAME OF CEMETERY OR CREMATORY

Oheb Shalom Cemetery, O'Donnell St. Balto Md.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. SIGNATURE OF

David R. Martin, 1902 Eutaw Place
Balto, Md.

VS 150

49068

Balto, Md.

MEDICAL CERTIFICATION

650
REA-154664BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6260
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Eugene Green

2. DATE
OF DEATH 5-19-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE Baltimore City Hospitals
494 0 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreO. STREET ADDRESS (If rural, give location)
118 Aisquith Street

C. Length of stay in Baltimore

8 Yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

March 31, 1901

9. AGE (In years
last birthday)

51

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Green

14. MOTHER'S MAIDEN NAME

Patsy Lawson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Avenue

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Cancer of head of pancreas

(A) DUE TO

ANTECEDENT CAUSES

Post op. acute gastric dilatation

(B) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

3 weeks?

6 hrs.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Bronchiectosis and cardiac

years

19A. DATE OF OPERATION

May 16, 1952

19B. MAJOR FINDINGS OF OPERATION

Cancer of head of pancreas obstruction of common duct
and pancreatic duct

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from 12-10, 1951, to 5-19, 1952, that I last saw the
deceased alive on 5-19, 1952, and that death occurred at 1:35P m., from the causes and on the date stated above.

23A. SIGNATURE

W. H. Hogan M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

UNIVERSITY MEDICAL SCHOOL JUN 17 1952

Commissioner of Health

1951-1952

1951-1952

1951-1952

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1951-1952

62
52 6261BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6261
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		ERNEST CLARK		2. DATE OF DEATH May 29, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Morgue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
5. SEX male			6. COLOR OR RACE colored		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)			8. DATE OF BIRTH Apr. 22, 1901		
9. AGE (In years last birthday) 51			10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		
11. BIRTHPLACE (State or foreign country) Unknown			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		

18. E 979.8

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Drowning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

harbor

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Foot of Market Place

4/1

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Found May 29, 1952

m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Found drowned

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

May 29, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL JUN 11 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 6 - 1952

Huntington Williams, M.D.

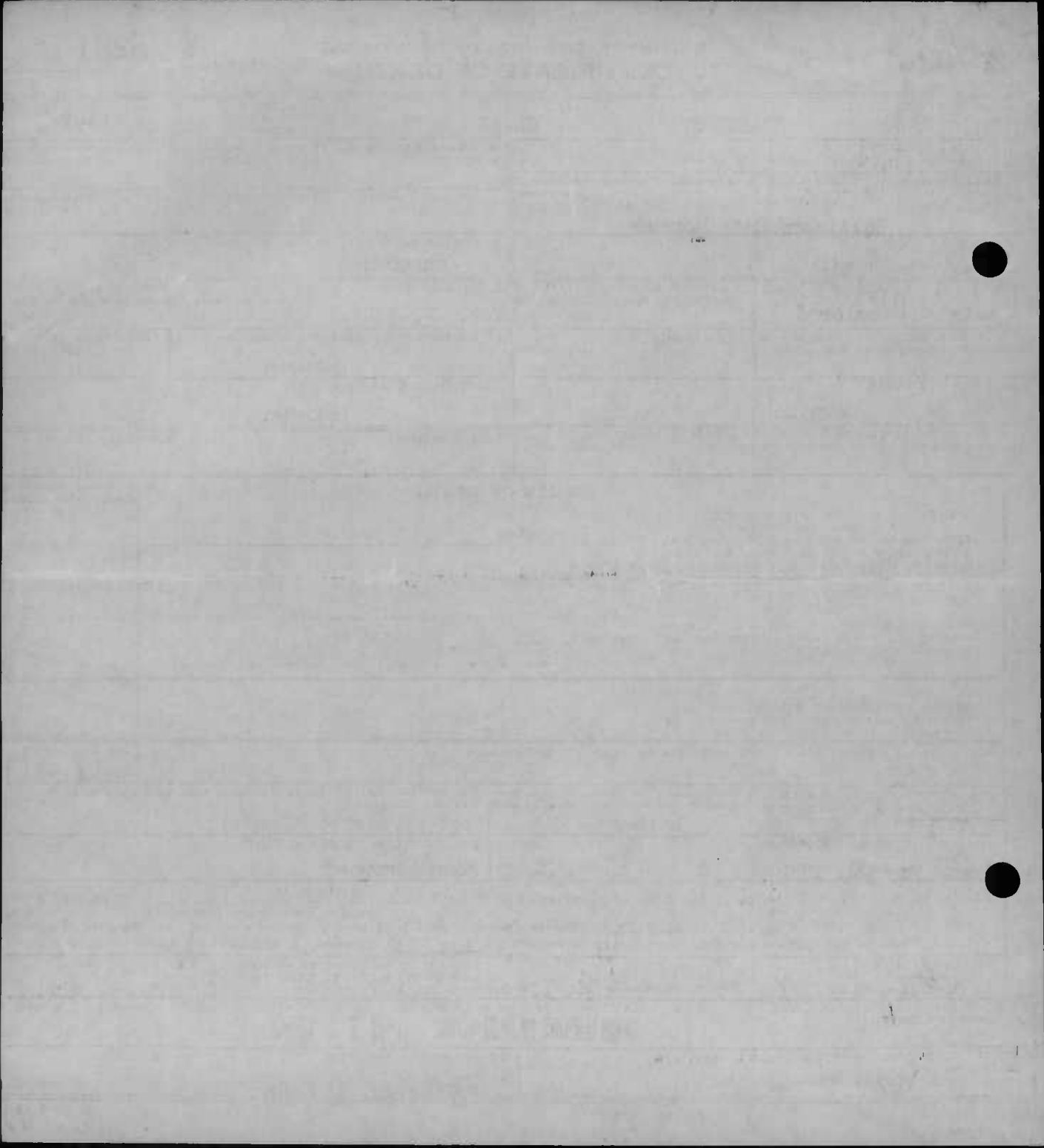
Commissioner of Health

VS 151

N-990X

C.B.S.

✓



52 6262
50
RTA-159410BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 6262

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ed Whitney

2. DATE
OF
DEATH

May 25, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE Baltimore City Hospitals

4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

25 E. 21st Street-18

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Oct. 25, 1888

9. AGE (In years last birthday)

63

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Daniel W. Whitney

14. MOTHER'S MAIDEN NAME

Amelia Bassler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Avenue

18. 600.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Uremia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Chronic Pyelonephritis

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-24, 19 52, to 5-25, 19 52, that I last saw the deceased alive on 5-25, 19 52, and that death occurred at 10:20A m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

6-24-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 6 - 1952

Huntington Williams, M.D.

Commissioner of Health

VS 150

UNIVERSITY MEDICAL SCHOOL JUN 26 1952

109520006

10-10-1940

May 22, 1942

May 22, 1942

Dear Sir:

Enclosed for you are
two copies of the report
on the subject of the
investigation of the
case of the
... ..

Very truly yours,

W. J. ...

W. J. ...

Very truly yours,

W. J. ...

W. J. ...

W. J. ...

W. J. ...

10-10-1940

10-10-1940

W. J. ...

W. J. ...

W. J. ...

W. J. ...

W. J. ...

W. J. ...

W. J. ...

10-10-1940

52 6263

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6263

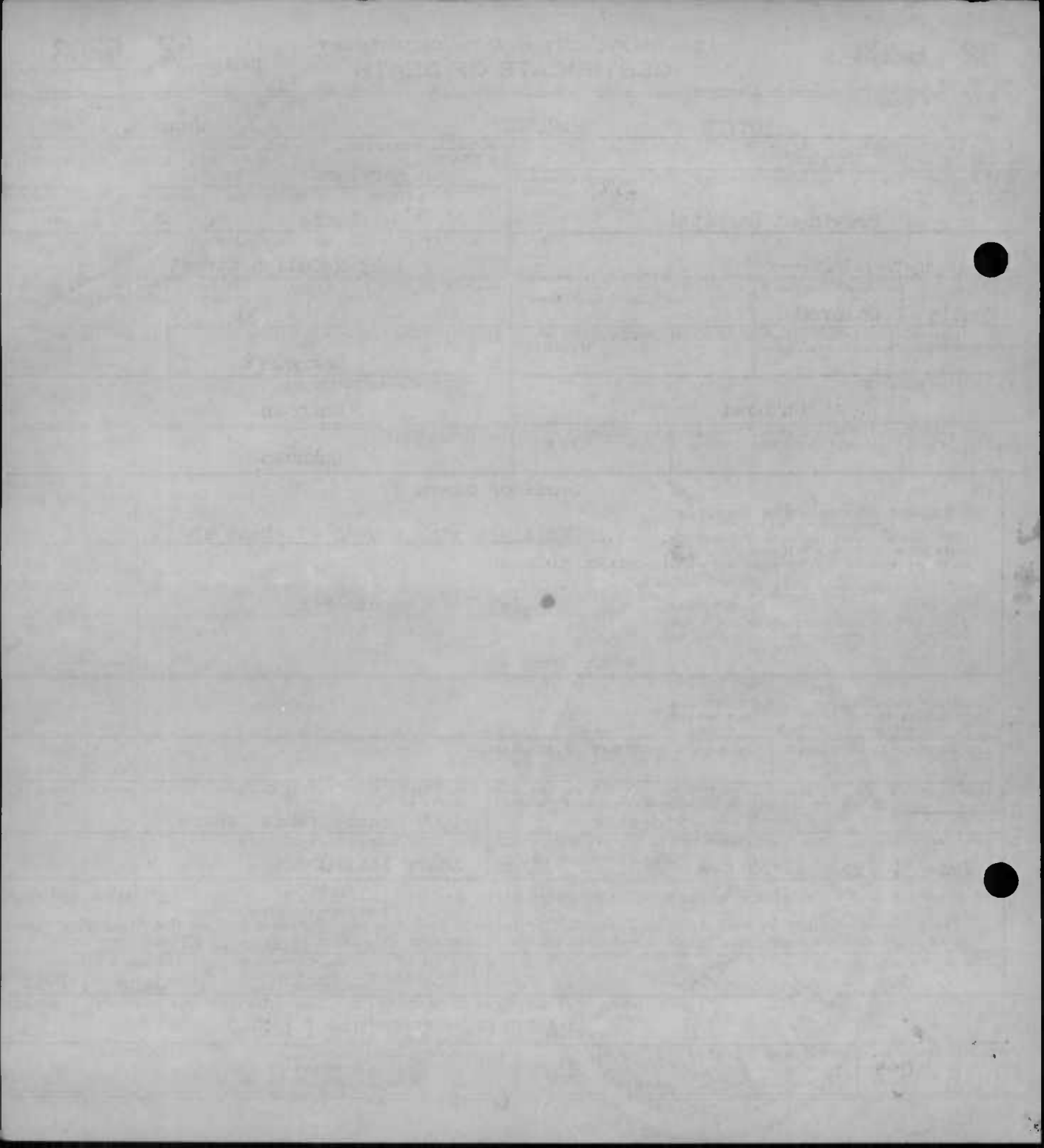
BIRTH NO.

1. NAME OF DECEASED (Type or Print) LOTTIE MAULESTY		2. DATE OF DEATH June 3, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF Provident Hospital (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 14-02	
D. Length of stay in Baltimore Yrs. Mos. Days		O. STREET ADDRESS (If rural, give location) 1623 McCulloh Street	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (in years last birthday) 31	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Unknown	
13. FATHER'S NAME Unknown		12. CITIZEN OF WHAT COUNTRY?	
14. MOTHER'S MAIDEN NAME Unknown		17. INFORMANT ADDRESS Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	

18. E 982X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Multiple stab wounds of chest and lower abdomen ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Massive left hemothorax OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
(A) Multiple stab wounds of chest and lower abdomen		
(B) Massive left hemothorax		
(C)		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Sidewalk		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 1007 Pennsylvania Avenue
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY June 3, 1952 12:35 A. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Sharp instrument
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE <i>William J. Smith</i>		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED June 3, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR JUL 6 - 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR UNIVERSITY MEDICAL SCHOOL JUN 11 1952		ADDRESS	
V S 151 N-869.2 6263							



63
52 6264BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6264
Registered No.

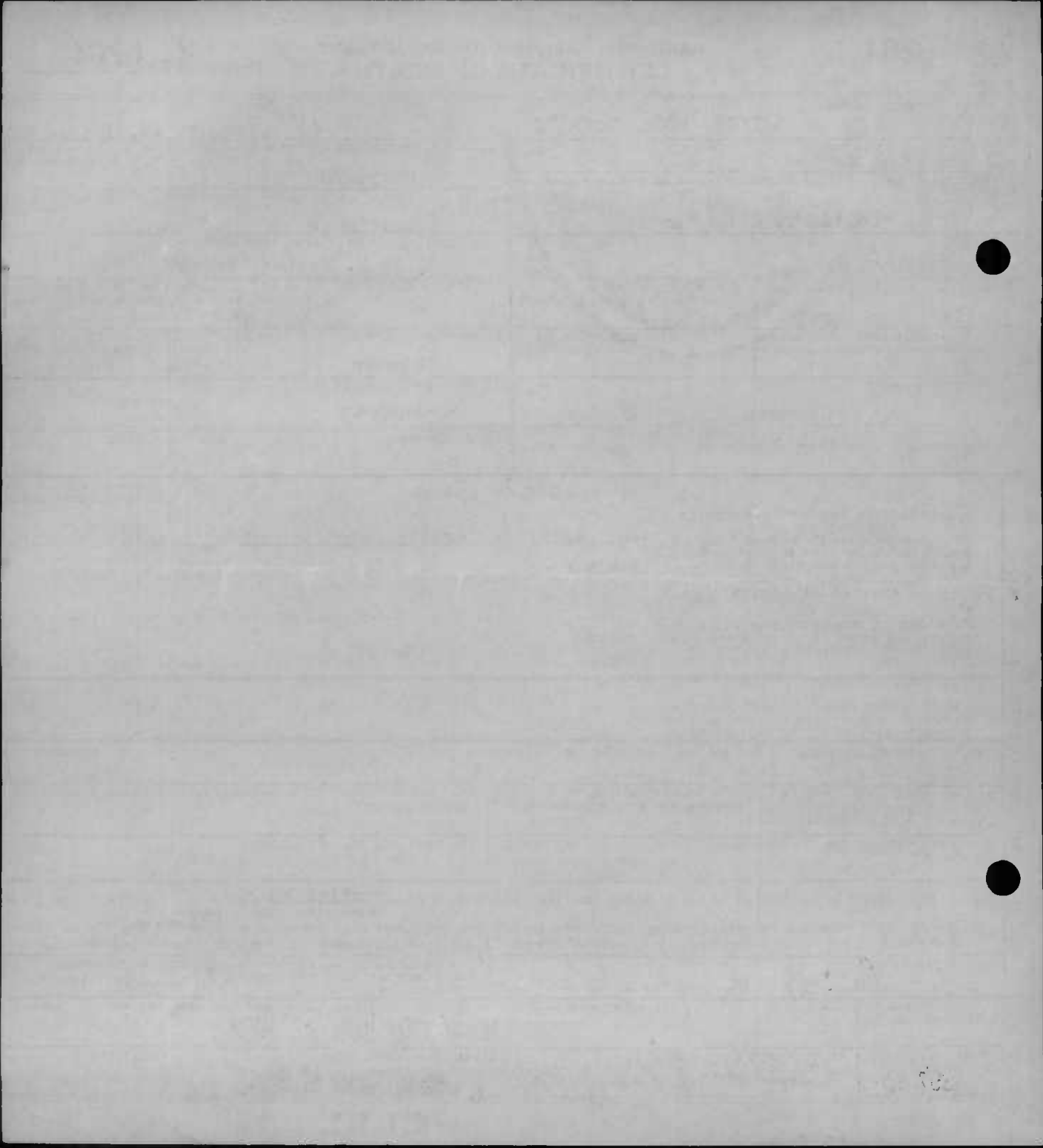
BIRTH NO.

1. NAME OF DECEASED (Type or Print) LILLIE MAE LOCHART			2. DATE OF DEATH May 21, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Morgue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 5-01		
D. STREET ADDRESS (If rural, give location) 119 N. Exeter Street			E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____		
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 49		
11. BIRTHPLACE (State or foreign country) Unknown		12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. Arteriosclerotic cardiovascular disease DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) Arteriosclerotic cardiovascular disease DUE TO (B) _____ DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH	CAUSE OF DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>partial autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley K. Durlacher M.D.		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED May 21, 1952	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR JUL 6 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Commissioner of Health



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 6265
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOHN FRANCIS PORTER			2. DATE OF DEATH April 29, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Franklin Square Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Unknown		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) Unknown		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		9. AGE (In years last birthday) 59 yrs.? If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Unknown		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. 5810 CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
(A) DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cirrhosis of the liver HEPATIC		
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley H. Muehlen</i>	23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....	23C. DATE SIGNED April 29, 1952
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24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
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DATE RECEIVED BY LOCAL REGISTRAR JUL 6 - 1952	REGISTRAR'S SIGNATURE <i>Wilmington Williams</i>	25. FUNERAL DIRECTOR <i>Wilmington Williams</i>	ADDRESS
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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

8-1983

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

52 6266

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6266
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HENRY LEVY		2. DATE OF DEATH May 20, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE New York B. COUNTY V-28	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Westbury, Long Island	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location)	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 9. AGE (In years last birthday) 69? H Under 1 Year Months: Days I Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Unknown
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Unknown

18. 4-2-1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease Stroke	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Fatty liver	(B) Fatty liver DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>William V. Smith</i>	23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....	23C. DATE SIGNED May 20, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY
24D. LOCATION (City, town, or county)		(State)

DATE RECEIVED BY LOCAL REGISTRAR JUL 6 - 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Commissioner of Health</i>	ADDRESS
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VMC-158834

410

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No.

52 6267

1. NAME OF DECEASED (Type or Print) Charles Elmer Wolfe		2. DATE OF DEATH 7-3-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 25-04	
c. Length of stay in Baltimore 48 yrs.		D. STREET ADDRESS (If rural, give location) 3832 8th Street-25	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Nov. 15, 1866
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 85	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Joseph Wolfe		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME Joanna Protzman	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Records: B. C. H. 4940 Eastern Avenue	

18.	610X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
		(A) Urinary Obstruction from hemorrhage into bladder	2 wks.
		DUE TO	
		(B)	
	ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	DUE TO	
		(C)	
	II OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

MEDICAL	19A. DATE OF OPERATION 6-2-52		20. MAJOR FINDINGS OF OPERATION Retropubic prostatectomy		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
	21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
	m.		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
	22. I hereby certify that I attended the deceased from 5-3- 1952 , to 7-3- 1952 , that I last saw the deceased alive on 7-3- 1952 , and that death occurred at 5:50A m., from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>			23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 7-3-52	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county)	(State)
Burial	7/7/53	St. Peters	Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS	
JUL 6 - 1952	Huntington Williams, M.D.	Wm Cook Inc.	1217 St. Paul St.	

VS 150

1 09 5 2 0 0 0' 6 2 6 4

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Patty Harron</i>		2. DATE OF DEATH <i>7/4/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>M.D.</i> B. COUNTY <i>BALTIMORE</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Lutheran Hosp. of Md.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 20 (Essex)</i>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>2015 Brandt Ave. - 5354</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>9/7/1932</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House wife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	9. AGE (In years last birthday) <i>19</i>
13. FATHER'S NAME <i>Harvey Akers</i>		11. BIRTHPLACE (State or foreign country) <i>Va.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO. <i>213-30-1921</i>		14. MOTHER'S MAIDEN NAME <i>Patty (Unknown)</i>	
17. INFORMANT		ADDRESS	
<i>Chas. Harron</i>		<i>2015 Brandt Ave.</i>	

18. *649 X and 260 X*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO
Hypoglycemia
Insulin shock (?)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
Acidosis (Diabetic)

Pregnancy term: Caesarean section, post mortem

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION <i>none</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) <i>no</i>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>none</i>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>none</i>			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from *7/2/52* to *7/4/52*, that I last saw the deceased alive on *7/4/52* and that death occurred at *9:30 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Nathan Block</i>	M. D.	23B. ADDRESS <i>Ridge Rd Balt. 6</i>	23C. DATE SIGNED <i>7-4-52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>7/7/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Oak Lawn</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 6 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Wm. Cook Inc.</i>	ADDRESS <i>1247 St. Paul St.</i>
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Decision, Maternal Mortality Comm.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6269
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES F. KELLY

2. DATE
OF
DEATH

JULY 4, 1952

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL OF MD.4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE MD.
B. COUNTYc. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTO. 4-01

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

d. STREET ADDRESS (If rural, give location)

317 N. PARK AVE.

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

2/21/1873

9. AGE (In years
last birthday)

79.77

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RETIRED

10B. KIND OF BUSINESS OR
INDUSTRY

Kraft Co

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Michael R. Kelly

14. MOTHER'S MAIDEN NAME

Amelia J. Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, No or Unknown) (If yes, give war or dates of service)

UNKNOWN

16. SOCIAL
SECURITY NO.

182

17. INFORMANT

ADDRESS

Robt. N. Kelly 317 Park Ave

18.

450.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

SHOCK, DEHYDRATION

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

MALNUTRITION

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

GENERALIZED ARTERIOSCLEROSIS

INTERVAL BETWEEN
ONSET AND DEATH

3 1/2 hours

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

NONE

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10 PM - 7/3, 1952, to 15 PM - 7/4, 1952 that I last saw the deceased alive on JULY 4, 1952, and that death occurred at 1:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Anthony J. Di Giovanni

23B. ADDRESS

M. D.

Lutheran Hosp.

23C. DATE SIGNED

July 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7/7/52

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

4th Corp. Inc. 1217 St. Paul St.

VS 150

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

1912

1912

NAME

AGE

SEX

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

SIGNATURE OF REGISTRAR

DATE OF REGISTRATION

PLACE OF REGISTRATION

NAME OF REGISTRAR

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

SIGNATURE OF REGISTRAR

DATE OF REGISTRATION

PLACE OF REGISTRATION

NAME OF REGISTRAR

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

SIGNATURE OF REGISTRAR

DATE OF REGISTRATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6270**

52 6270

BIRTH NO.		1. NAME OF DECEASED (Type or Print) M.R. HENRY KOCHER		2. DATE OF DEATH 7-3-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION South Balt. Gen. Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 21-02			
c. Length of stay in Baltimore 45		D. STREET ADDRESS (If rural, give location) 1206 Washington Blvd. Btts 30			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 7-13-1880		9. AGE (in years last birthday) 72
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed (Pension)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Hungary	
13. FATHER'S NAME Kocher		12. CITIZEN OF WHAT COUNTRY?		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS John Kocher 928 S. Street St.	

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 151X I		CAUSE OF DEATH (A) Cyclic Obstruction secm. due to Gastric Carcinoma (B) Duodenal Ulcer (C) Hypertensive CV disease & decompensation		INTERVAL BETWEEN ONSET AND DEATH
II. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 18, 1952 to July 3, 1952 , that I last saw the deceased alive on July 3, 1952 and that death occurred at 9:20 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE J. Kocher		23B. ADDRESS		23C. DATE SIGNED	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/7/52		24C. NAME OF CEMETERY OR CREMATORY London Park		24D. LOCATION (City, town, or county) (State) Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR Jul 6-1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm Bok Inc. 1217 St. Paul St		ADDRESS	

MEDICAL CERTIFICATION

140

52 6271

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6271
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) MERVIN SHIPLEY		2. DATE OF DEATH July 4, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY BALTO.			
B. FULL NAME OF HOSPITAL OR INSTITUTION US Public Health Service Hospital Woman Pl. Drive & 31st St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 2002 Beechfield Avenue 5300			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 10/15/09	9. AGE (In years last birthday) 42	If Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman		10B. KIND OF BUSINESS OR INDUSTRY Seafarer		11. BIRTHPLACE (State or foreign country) W.Va.	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Charles L. Shipley		14. MOTHER'S MAIDEN NAME Louise Wright	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) ?		16. SOCIAL SECURITY NO. ?		17. INFORMANT ADDRESS Records- US PHS Hospital, Balto, Md.	
18. I 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cirrhosis of the liver DUE TO Antecedent causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Left hemothorax atelectasis, left lung DUE TO Other significant conditions contributing to the death, but not related to the disease or condition causing it.		INTERVAL BETWEEN ONSET AND DEATH Unknown Unknown			
19A. DATE OF OPERATION 7/7/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 30 , 19 52 to July 4 , 19 52 that I last saw the deceased alive on July 4 , 19 52 and that death occurred at 3:45 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE John F. Lowrey, SA Surgeon		23B. ADDRESS US PHS Hospital, Balto, Md.		23C. DATE SIGNED 7/4/52	
24A. BURIAL CREMATION REMOVAL (Specify) Removal		24B. DATE 7/7/52		24C. NAME OF CEMETERY OR CREMATORY Keyser	
24D. LOCATION (City, town, or county) (State) W. Va.		24E. NAME OF CEMETERY OR CREMATORY Keyser		24F. LOCATION (City, town, or county) (State) W. Va.	
25. FUNERAL DIRECTOR Huntington Williams, Md. 417 E. Park Ave. 1217 St. Paul St.		25. FUNERAL DIRECTOR Huntington Williams, Md. 417 E. Park Ave. 1217 St. Paul St.		25. FUNERAL DIRECTOR Huntington Williams, Md. 417 E. Park Ave. 1217 St. Paul St.	

MEDICAL CERTIFICATION

67355

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death	
5. Place of death		6. Cause of death		7. Manner of death		8. Signature of physician	
9. Signature of registrar		10. Signature of medical examiner		11. Signature of coroner		12. Signature of jury	
13. Signature of witness		14. Signature of witness		15. Signature of witness		16. Signature of witness	
17. Signature of witness		18. Signature of witness		19. Signature of witness		20. Signature of witness	
21. Signature of witness		22. Signature of witness		23. Signature of witness		24. Signature of witness	
25. Signature of witness		26. Signature of witness		27. Signature of witness		28. Signature of witness	
29. Signature of witness		30. Signature of witness		31. Signature of witness		32. Signature of witness	
33. Signature of witness		34. Signature of witness		35. Signature of witness		36. Signature of witness	
37. Signature of witness		38. Signature of witness		39. Signature of witness		40. Signature of witness	
41. Signature of witness		42. Signature of witness		43. Signature of witness		44. Signature of witness	
45. Signature of witness		46. Signature of witness		47. Signature of witness		48. Signature of witness	
49. Signature of witness		50. Signature of witness		51. Signature of witness		52. Signature of witness	
53. Signature of witness		54. Signature of witness		55. Signature of witness		56. Signature of witness	
57. Signature of witness		58. Signature of witness		59. Signature of witness		60. Signature of witness	
61. Signature of witness		62. Signature of witness		63. Signature of witness		64. Signature of witness	
65. Signature of witness		66. Signature of witness		67. Signature of witness		68. Signature of witness	
69. Signature of witness		70. Signature of witness		71. Signature of witness		72. Signature of witness	
73. Signature of witness		74. Signature of witness		75. Signature of witness		76. Signature of witness	
77. Signature of witness		78. Signature of witness		79. Signature of witness		80. Signature of witness	
81. Signature of witness		82. Signature of witness		83. Signature of witness		84. Signature of witness	
85. Signature of witness		86. Signature of witness		87. Signature of witness		88. Signature of witness	
89. Signature of witness		90. Signature of witness		91. Signature of witness		92. Signature of witness	
93. Signature of witness		94. Signature of witness		95. Signature of witness		96. Signature of witness	
97. Signature of witness		98. Signature of witness		99. Signature of witness		100. Signature of witness	

363

52 6272

BIRTH NO.

STEWART

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

52 6272

Registered No.

1. NAME OF DECEASED
(Type or Print)

2. DATE OF DEATH

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

5. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

7. LENGTH OF STAY IN BALTIMORE

8. STREET ADDRESS (If rural, give location)

9. SEX

10. COLOR OR RACE

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

12. DATE OF BIRTH

13. AGE (In years last birthday)

14. MONTHS

15. DAYS

16. HOURS

17. MIN.

18. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

19. KIND OF BUSINESS OR INDUSTRY

20. BIRTHPLACE (State or foreign country)

21. CITIZEN OF WHAT COUNTRY?

22. FATHER'S NAME

23. MOTHER'S MAIDEN NAME

24. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

25. SOCIAL SECURITY NO.

26. INFORMANT

27. ADDRESS

28. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

29. ANTECEDENT CAUSES (DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.)

30. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

31. DATE OF OPERATION

32. MAJOR FINDINGS OF OPERATION

33. AUTOPSY?

34. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

35. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

36. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

37. TIME (Month) (Day) (Year) (Hour) OF INJURY

38. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

39. HOW DID INJURY OCCUR?

40. I hereby certify that I attended the deceased from July 2, 1952, to July 5, 1952, that I last saw the deceased alive on July 5, 1952, and that death occurred at 4:40 P.M., from the causes and on the date stated above.

41. SIGNATURE

42. ADDRESS

43. DATE SIGNED

44. BURIAL, CREMATION, REMOVAL (Specify)

45. DATE

46. NAME OF CEMETERY OR CREMATORY

47. LOCATION (City, town, or county) (State)

48. DATE RECEIVED BY LOCAL REGISTRAR

49. REGISTRAR'S SIGNATURE

50. FUNERAL DIRECTOR

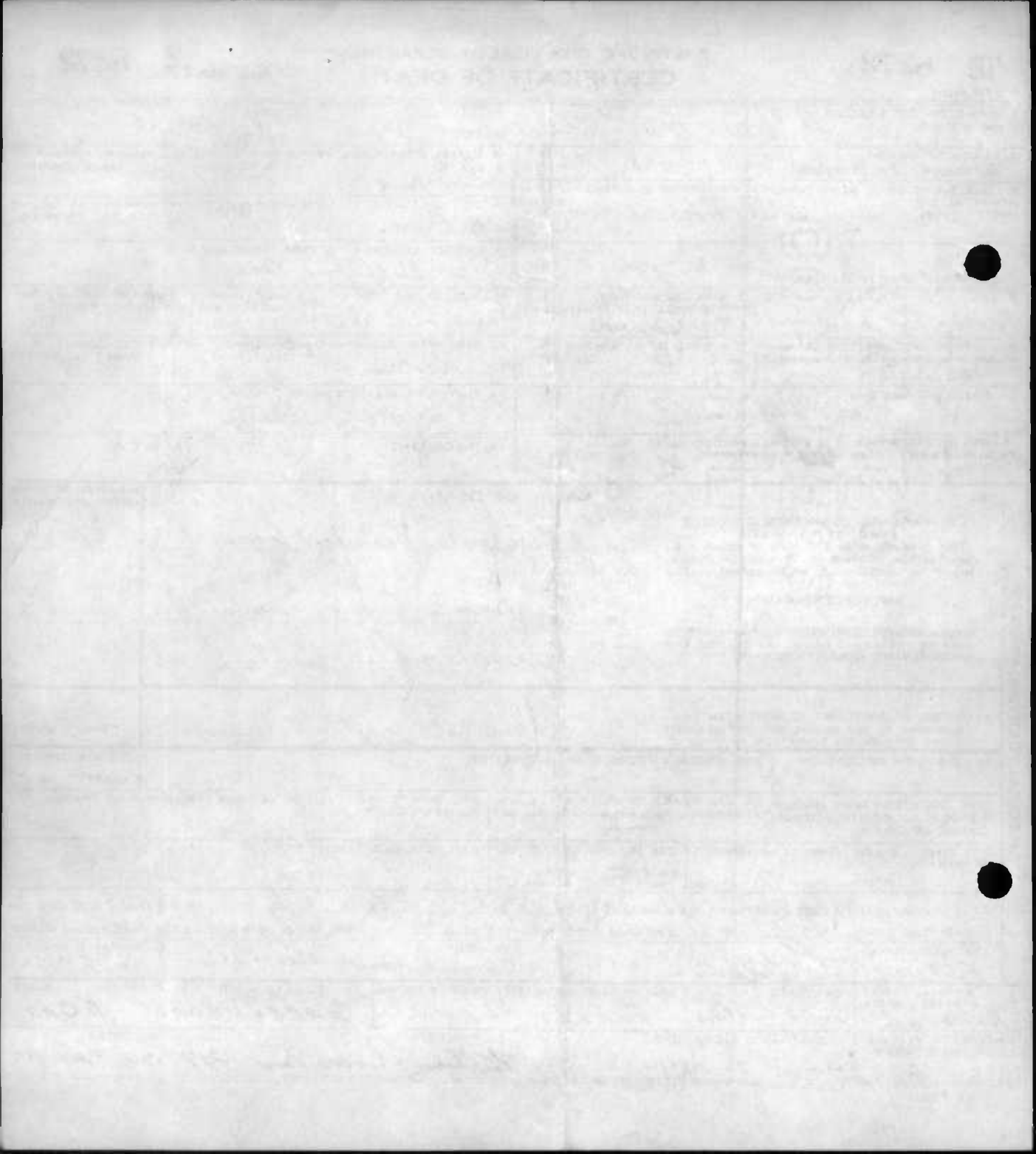
51. ADDRESS

VS 150

6-1952

Huntington Williams, M.D.

William Cook, Sr. 1217 ST. PAUL ST.



CERTIFICATE CORRECTED 10/17/52 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6273

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Ryan, Mrs. Dora Marie			2. DATE OF DEATH July 3, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY BALTO.		
B. FULL NAME OF HOSPITAL OR INSTITUTION Saint Joseph Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 212 Parkwood Road, 5353		
5. SEX female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 17, 1900		9. AGE (In years last birthday) 51
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME August Klein			14. MOTHER'S MAIDEN NAME Barbara Welsh		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Wm. D. Ryan 212 Parkwood Rd		

18. DOXY I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Pulmonary Edema DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. due to Chronic Pulmonary disease DUE TO Tuberculosis		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from July 2, 1952 to July 3, 1952 that I last saw the deceased alive on July 3, 1952 and that death occurred at 6:20 p.m. , from the causes and on the date stated above.				
23A. SIGNATURE B. B. Welsh		23B. ADDRESS St. Joseph Hospital		23C. DATE SIGNED July 3, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7/7/52	24C. NAME OF CEMETERY OR CREMATORY Mt. Carmel	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR JUL 6 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS Wm. G. G. Co. 17 St. Paul St	

See reply to query in Document File 52-6273

Cole

255
52 6274

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6274

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Isaac Richman

2. DATE
OF
DEATH

July 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

4203 Springdale Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3708 Dennlyn Road

C. Length of stay in Baltimore

50 Yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

1880

9. AGE (in years
last birthday)

72

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Tailor Presser

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Hyman Richman

Clothing(s)

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Jack Richman

ADDRESS

3708 Dennlyn Road

18.

157X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Carcinomatosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Carcinoma Pancreas

Cerebral embolus

INTERVAL BETWEEN ONSET AND DEATH

1 yr.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1952, to July 5, 1952, that I last saw the deceased alive on July 5, 1952 and that death occurred at 7:05 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Bernard J. Cohen

M. D.

23B. ADDRESS

Marblehead

23C. DATE SIGNED

7/6/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

July 6, 1952

24C. NAME OF CEMETERY OR CREMATORY

Bnai Israel Cemetery Southern Ave Balto Md

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

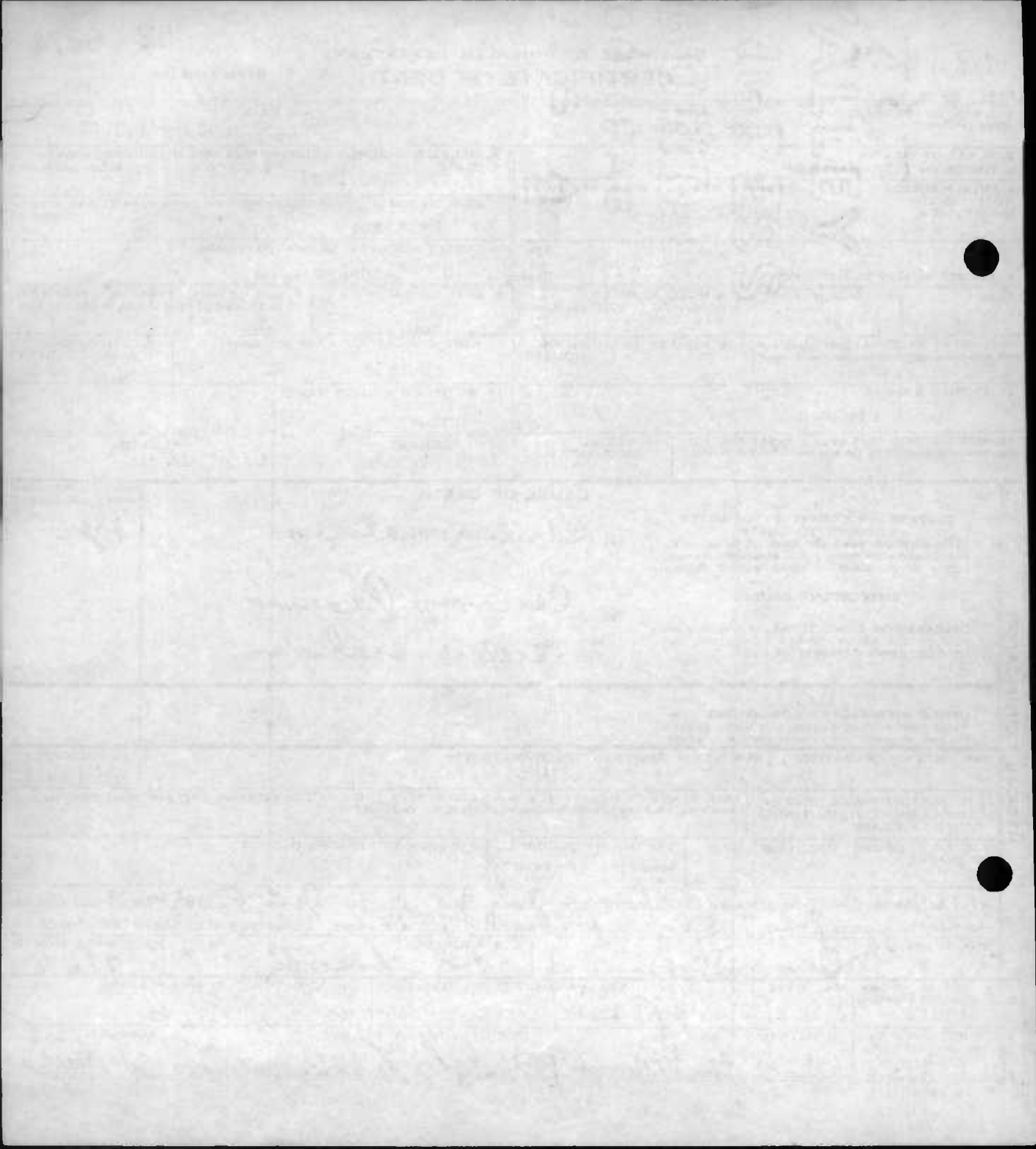
ADDRESS 1126

JUL 6 - 1952

Huntington Williams, M.D.

5904G

VS 150



-355-

52 6275

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6275
Registered No.

BIRTH NO.

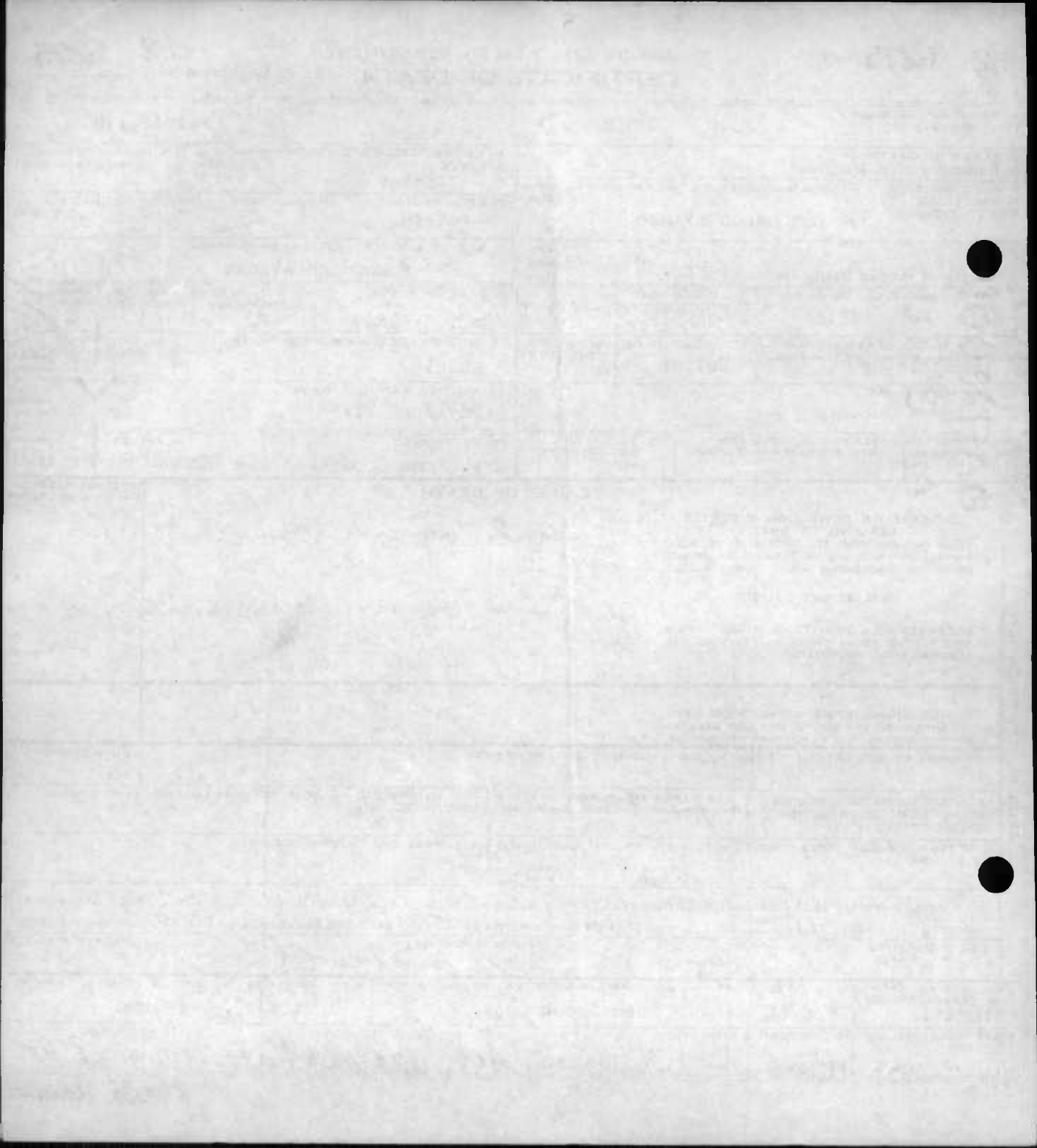
1. NAME OF DECEASED (Type or Print) JACOB GOODMAN		2. DATE OF DEATH July 5, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION 2594 Edmondson Avenue		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-05	
7. c. Length of stay in Baltimore 43 yrs.		8. D. STREET ADDRESS (If rural, give location) 2594 Edmondson Avenue	
9. SEX Male	10. COLOR OR RACE White	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	12. DATE OF BIRTH Oct. 5, 1869
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor		14. AGE (In years last birthday) 82	
15. KIND OF BUSINESS OR INDUSTRY Railer Shop		16. BIRTHPLACE (State or foreign country) Russia	
17. FATHER'S NAME Solomon Goodman		18. CITIZEN OF WHAT COUNTRY? USA.	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		20. SOCIAL SECURITY NO.	
21. INFORMANT ADDRESS Mrs. Anna Goodman- 2594 Edmondson Avenue			

18. 470.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) acute myocardial infarction DUE TO (B) General coronary atherosclerosis DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 1 hr.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1950 19, to July 5, 1952, that I last saw the deceased alive on 7/5/52, 19, and that death occurred at 5A m., from the causes and on the date stated above.					
23A. SIGNATURE Huntington Williams		23B. ADDRESS 2320 Eutaw Pl.		23C. DATE SIGNED 7-5-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/6/52		24C. NAME OF CEMETERY OR CREMATORY Bnai Jacob Cong.		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR JUL 6 - 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Sol. Harrison & Bros.		ADDRESS 1124 26 W. North Avenue	

VS 150



460

52 6276

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6276
Registered No.

1. NAME OF DECEASED (Type or Print) SAMUEL F. MILLER		2. DATE OF DEATH July 4, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3901 Edgewood Road		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3901 Edgewood Road	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH April 4, 1896
9. AGE (In years last birthday) 56		10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Manager Pompein Oil Co		10B. KIND OF BUSINESS OR INDUSTRY Oil Co	
11. BIRTHPLACE (State or foreign country) Baltimore Md		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Louis Miller		14. MOTHER'S MAIDEN NAME Sarah Mankowitz	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs Leland C Miller		ADDRESS 3901 Edgewood Road	
18. 1/20/1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Coronary Infarction DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7/4/52 , 19 52 , to 7/4 , 19 52 , that I last saw the deceased alive on 7/4 , 19 52 , and that death occurred at 12:30 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE A. E. Bernstein		23B. ADDRESS 204 E. Biddle St	
23C. DATE SIGNED 7/5/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/6/52	
24C. NAME OF CEMETERY OR CREMATORY Hebrew Friendship		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR JUL 6 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D. Sal. Levinson	
VS 150		25. FUNERAL DIRECTOR 1952 20068	
		ADDRESS 1124-26 W. North Avenue	

WASHINGTON CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

U.S. 25-10

DATE OF DEATH

TIME OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

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DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

52 6277

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6277

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ABRAHAM WEINBERG

2. DATE
OF
DEATH

JULY 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

SINAI HOSPITAL OF BALTIMORE, INC.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

11/18/77

9. AGE (In years
last birthday)

75

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RETIRED

10B. KIND OF BUSINESS OR
INDUSTRY

mens clothing

11. BIRTHPLACE (State or foreign country)

POLAND

12. CITIZEN OF
WHAT COUNTRY?

G

13. FATHER'S NAME

Not known

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Bessie Weinberg

Home

18. 470.0 and 199.1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

ACUTE CORONARY DISEASE

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

Immediate

ANTECEDENT CAUSES

(B)

ARTERIOSCLEROSIS Heart Disease

DUE TO

25-30 yrs.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

ABDOMINAL

CARCINOMATOSIS OF

19A. DATE OF OPERATION

June 28, 1952

19B. MAJOR FINDINGS OF OPERATION

ABDOMINAL CARCINOMATOSIS

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1952, to July 4, 1952, that I last saw the
deceased alive on July 4, 1952, and that death occurred at 1245 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Julius S. Piver

M. D.

23B. ADDRESS

Sinai Hospital, Balto. Md.

23C. DATE SIGNED

July 4, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

7-6-52

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Hebrew

24D. LOCATION (City, town, or county)

Balto, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

2100 Eutan Pl

JUL 6 - 1952

VS 150

290 6A

MEDICAL CERTIFICATION

1732

52

1732

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425
52 6278BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6278

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MATILDIA A. WILKENS

2. DATE
OF
DEATH

JULY 5 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1817 WHITMORE AVE.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND
C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1817 WHITMORE AVE.

c. Length of stay in Baltimore

30

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

JUNE 1 1870

9. AGE (In years,
last birthday)

82

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

HOUSE WIFE

11. BIRTHPLACE (State or foreign country)

ROCKHALL

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

DOMENICK E. AYRES

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MR HOWARD W. WILKINS 1817 WHITMORE AVE

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) - coronary thrombosis
DUE TO

2 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) -
DUE TO
(C) -II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Acute Psychosis

1 month

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 17, 1952, to July 5, 1952, that I last saw the deceased alive on July 1, 1952, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Earl L. Chambers

M. D.

23B. ADDRESS

4108 Liberty Hts.

23C. DATE SIGNED

July 5 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

JULY 7 1952

24C. NAME OF CEMETERY OR CREMATORY

WESLEY CHAPEL

24D. LOCATION (City, town, or county) (State)

ROCK HALL MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

J. Willis Wells Chestertown Md.

OFFICE OF THE SECRETARY OF THE ARMY
WASHINGTON, D. C.
OFFICE OF THE SECRETARY OF THE ARMY
WASHINGTON, D. C.

1. NAME OF THE OFFICER		2. GRADE	
3. BRANCH		4. POST	
5. DATE OF BIRTH		6. DATE OF COMMISSION	
7. DATE OF EXPIRATION		8. DATE OF DEATH	
9. DATE OF RESIGNATION		10. DATE OF RETIREMENT	
11. DATE OF PROMOTION		12. DATE OF DEMOTION	
13. DATE OF RECALL		14. DATE OF REINSTATEMENT	
15. DATE OF REENTRY		16. DATE OF REENTRY	
17. DATE OF REENTRY		18. DATE OF REENTRY	
19. DATE OF REENTRY		20. DATE OF REENTRY	
21. DATE OF REENTRY		22. DATE OF REENTRY	
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55. DATE OF REENTRY		56. DATE OF REENTRY	
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93. DATE OF REENTRY		94. DATE OF REENTRY	
95. DATE OF REENTRY		96. DATE OF REENTRY	
97. DATE OF REENTRY		98. DATE OF REENTRY	
99. DATE OF REENTRY		100. DATE OF REENTRY	

52 6279

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6279
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Dinger, Emma Augusta			2. DATE OF DEATH July 4, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 2-03		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Saint Joseph Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days 1725 Fleet St.			D. STREET ADDRESS (If rural, give location)		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 14, 1884		9. AGE (In years last birthday) 67 yr.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Peeler & Packer		10B. KIND OF BUSINESS OR INDUSTRY Geo. Panzer & Sons		11. BIRTHPLACE (State or foreign country) Baltimore	
13. FATHER'S NAME Carl Dinger			12. CITIZEN OF WHAT COUNTRY? USA		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. No		
17. INFORMANT Miss Wilhelmina Mueller			ADDRESS --1725 Fleet St.		

18. 154X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Intestinal Obstruction DUE TO (B) Adenocarcinoma of Rectum - Recurrent DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION June 4, 1952		19B. MAJOR FINDINGS OF OPERATION Recurrent Carcinoma producing Obstruction		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 19 , to July 4 , 1952 , that I last saw the deceased alive on July 4 , 1952 , and that death occurred at 3:00 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE G. A. Allen		23B. ADDRESS St. Joseph Hospital		23C. DATE SIGNED July 4, 1952	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/7/52		24C. NAME OF CEMETERY OR CREMATORY Trinity Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUL 6 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. J. Tickner & Sons		ADDRESS Baltimore, Md.	

VS 150

69040270 P.S.B.

MEDICAL CERTIFICATION

0750

CERTIFICATE OF DEATH

0750

DATE OF DEATH

TIME

PLACE OF DEATH

CAUSE OF DEATH

PLACE OF BIRTH

DATE OF BIRTH

SEX

RACE

RELIGION

EDUCATION

OCCUPATION

PREVIOUS ILLNESS

PREVIOUS SURGERY

PREVIOUS TRAUMA

PREVIOUS DRUGS

PREVIOUS ALCOHOL

PREVIOUS TOBACCO

PREVIOUS OTHER

PREVIOUS OTHER

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52 6280

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6280

Registered No. _____

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		MARY H. MARTIN		7-4-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 305 S. PAYSON ST		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 20-03			
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 305 S. PAYSON ST			
5. SEX FEMALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SEPARATED	8. DATE OF BIRTH 3-4-1884	9. AGE (in years last birthday) 68	10. Under 1 Year Months Days 11 Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) CUMBERLAND- Md	
13. FATHER'S NAME HAGGERTY		12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. —		17. INFORMANT ADDRESS JAMES C. MARTIN- 305 S. PAYSON	

MEDICAL CERTIFICATION

18. DISEASE OR CONDIION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 420.1 I Coronary Thrombosis 15 MINUTES		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO		(A)			
ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDIION LAST.		DUE TO			
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertension + Arteriosclerosis 6 YRS					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNOER-LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 8, 1946 to July 4, 1952 that I last saw the deceased alive on July 4, 1952 and that death occurred at 6:52 a.m., from the cause and on the date stated above.					
23A. SIGNATURE Alfred Cole		23B. ADDRESS 136 S. HILTON ST.		23C. DATE SIGNED July 5, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 7-7-1952		24C. NAME OF CEMETERY OR CREMATORY MEADOW RIDGE MEM. PK	
24D. LOCATION (City, town, or county) (State) Washington Blvd. ELK RIDGE Md		24E. NAME OF CEMETERY OR CREMATORY MEADOW RIDGE MEM. PK		24F. LOCATION (City, town, or county) (State) Washington Blvd. ELK RIDGE Md	
DATE RECEIVED BY LOCAL REGISTRAR JUL 6-1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS THOMAS J. KENNY, INC. 1600 Hollins St.	

SECRET

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED

DATE 10/1/88 BY 1045/SP/STP

EXCLUDED FROM AUTOMATIC DOWNGRADING AND DECLASSIFICATION

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DATE 10/1/88 BY 1045/SP/STP

450

52 6281

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6281
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Thomas Joseph Toolen		July 2, 1952	
3. PLACE OF DEATH:		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)			
A. Baltimore City, Maryland 1317 Hillman St		A. STATE Maryland		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)			
		Baltimore		7-09	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)			
50 Years		1317 Hillman St			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	10. Under 1 Year Months: Days
Male	White	Married	Nov. 23, 1876	75	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Retired		Janitor-City		Ireland	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
U. S.		Michael Toolen		Elizabeth Devine	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
				Mrs. Nellie Toolen 1317 Hillman St	
18. 420.1 I		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)		(A) Coronary artery disease		3?	
ANTECEDENT CAUSES		DUE TO arteriosclerosis & hypertension		3?	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B)			
		(C)			
II		Left sided hemiplegia due to cerebral hemorrhage		3 yrs	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
				YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 5, 1948, to 2 July, 1952, that I last saw the deceased alive on 30 June, 1952 and that death occurred at 9:45 P.M., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Samuel Lieber		714 E. Preston St.		3 July 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		July 7, 1952		Cathedral	
24D. LOCATION (City, town, or county)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Baltimore		Rita Wiederfeld		900 E. Biddle St	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE			
JUL 6 - 1952		Huntington Williams, M.D.			

1001

RECEIVED & RECORDED IN THE
OFFICE OF THE SECRETARY OF THE
NAVY

22

10

CAUSE NO. 1001

IN THE
COURT OF THE
UNITED STATES
OF AMERICA
IN AND FOR THE
DISTRICT OF
COLUMBIA

THE
UNITED STATES
OF AMERICA
VS.
JOHN DOE

THE
UNITED STATES
OF AMERICA
VS.
JOHN DOE

THE
UNITED STATES
OF AMERICA
VS.
JOHN DOE

52 6282
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6282

1. NAME OF DECEASED (Type or Print)		CHARLES WHITE		2. DATE OF DEATH June 7, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location) Baltimore City Morgue				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 4-01	
D. Length of stay in Baltimore Yrs. Mos. Days				E. STREET ADDRESS (If rural, give location) 48 Market Place	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	9. AGE (In years last birthday) 72?
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Unknown	
13. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. 4/22/1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Arteriosclerotic cardiovascular disease (B) (C)	INTERVAL BETWEEN ONSET AND DEATH
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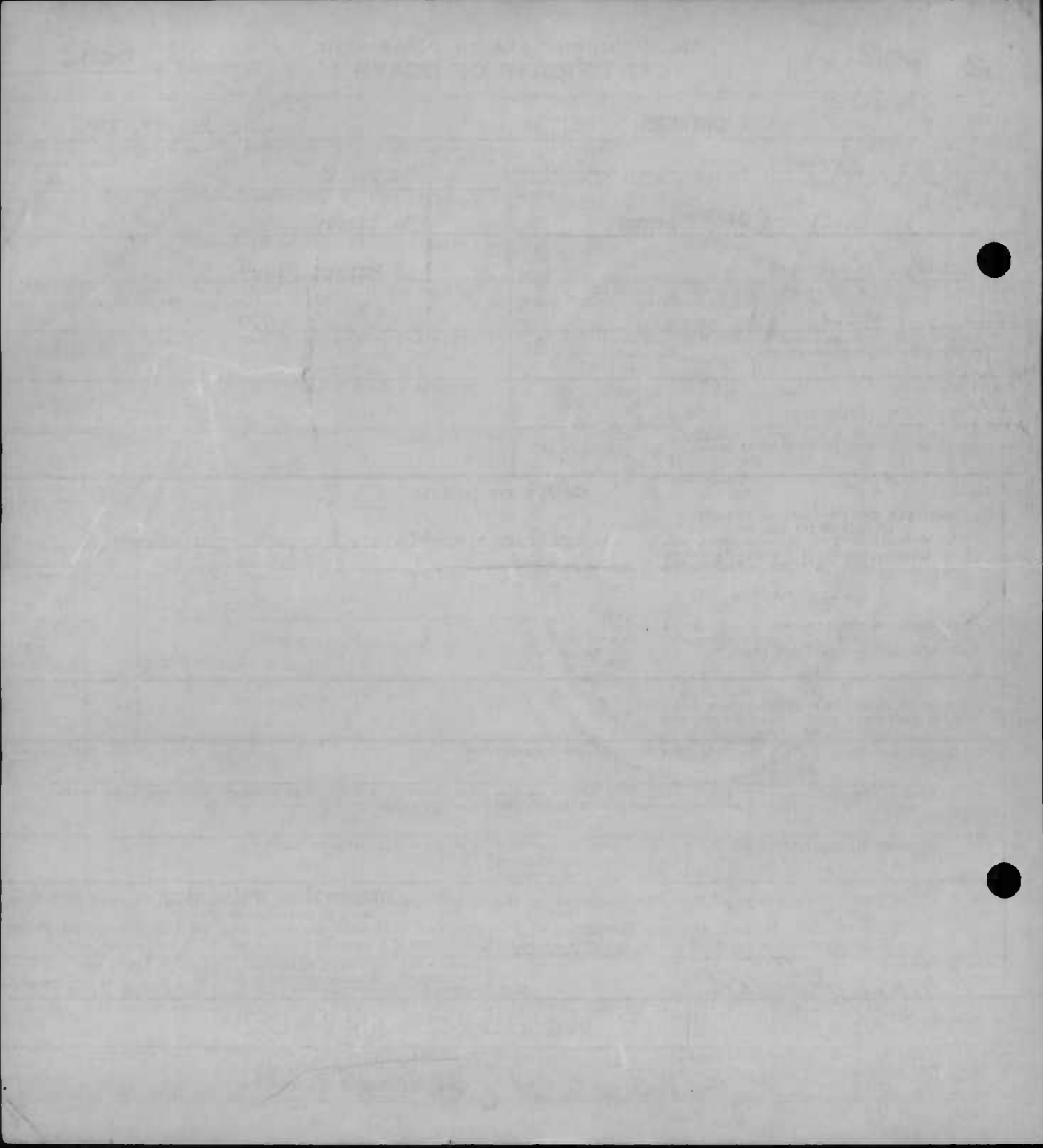
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE William J. Williams 23B. CHIEF MEDICAL EXAMINER.....☒ 23C. DATE SIGNED June 7, 1952
M.D. ASSISTANT MEDICAL EXAMINER.....☒ MEDICAL INVESTIGATOR.....☒

24A. BURIAL, CREMATION, REMOVAL (Specify) 24B. DATE JUL 6 - 1952 24C. NAME OF CEMETERY OR CREMATORY UNIVERSITY MEDICAL SCHOOL 24D. LOCATION (City, town, or county) JUN 20 1952 (State)

DATE RECEIVED BY LOCAL REGISTRAR JUL 6 - 1952 REGISTRAR'S SIGNATURE Huntington Williams, M.D. 25. FUNERAL DIRECTOR Commissioner of Health ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 6283
Registered No.

52 6283
BIRTH NO.

1. NAME OF DECEASED (Type or Print) HENRY KNIGHT			2. DATE OF DEATH June 13, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-04		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1631 Abbott Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH		9. AGE (In years last birthday) 51 If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Unknown		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. 422.1 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral infarct MYEYX		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic cardiovascular disease		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

MEDICAL CERTIFICATION

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>Stanley H. Dineen</i> M.D.		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED June 14, 1952	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR JUL 6 - 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Commissioner of Health</i>		ADDRESS	

236

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6284

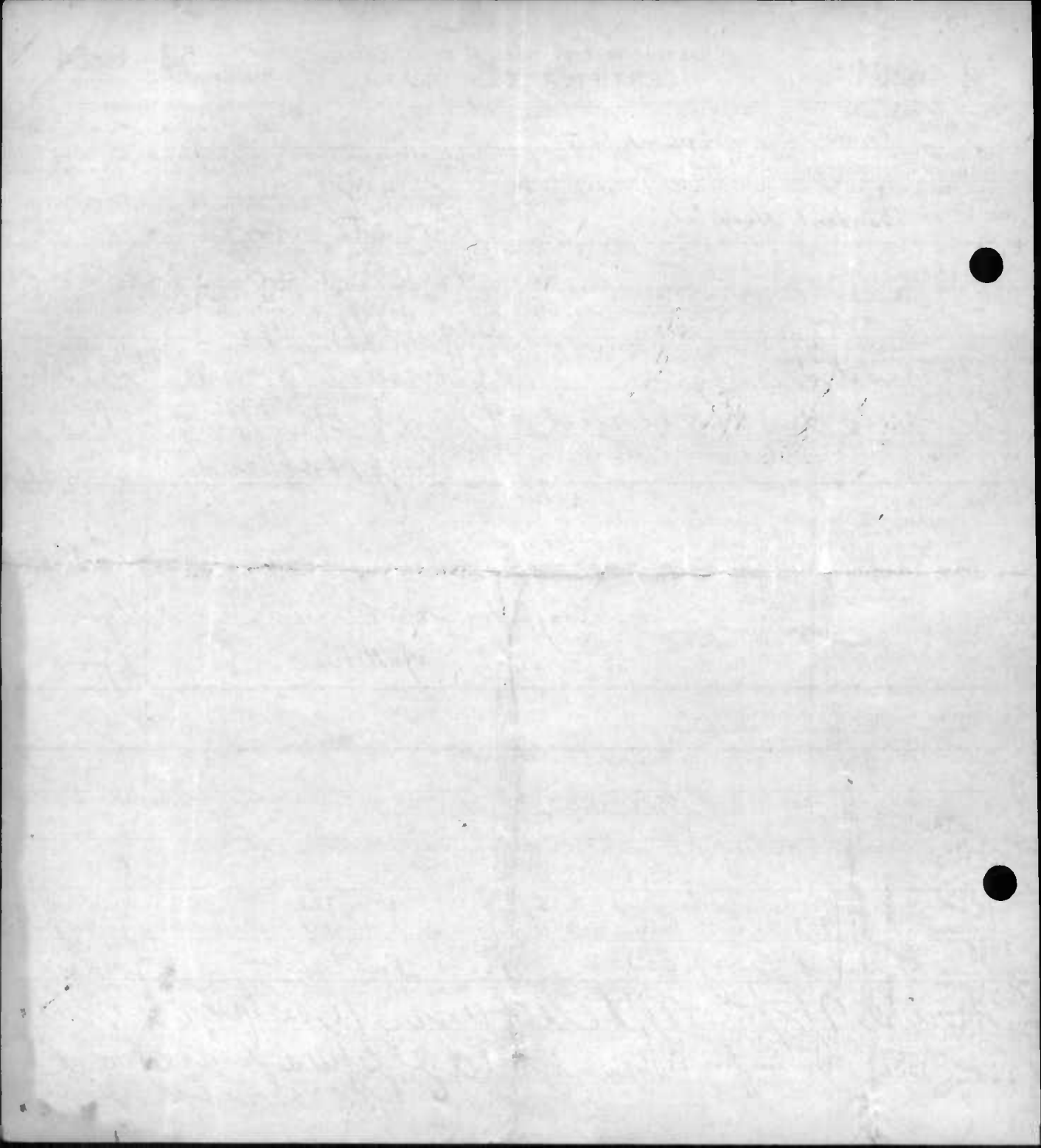
BIRTH NO. 52 6284

1. NAME OF DECEASED (Type or Print) <i>Foster, Clara HOLLAND</i>		2. DATE OF DEATH <i>July 3, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore, Md.</i>		4. USUAL RESIDENCE (Where deceased lived; If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>17-01</i>	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Provident Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>926 Druid Hill Ave.</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>m</i>	8. DATE OF BIRTH <i>Aug. 7, 1911</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <i>Domestic</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>41</i>
13. FATHER'S NAME <i>Alexander Holland</i>		11. BIRTHPLACE (State or foreign country) <i>Arundel Co. Md. U.S.A.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Elizabeth Mitchell</i>	
17. INFORMANT <i>Mary Holland</i>		ADDRESS <i>926 Druid Hill Ave.</i>	

18. <i>260X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Uremia</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>Congestive Heart Failure</i> DUE TO (C) <i>Diabetes Mellitus</i>	<i>4 years</i> <i>7 years</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>6/26</i> , 1952, to <i>7/3</i> , 1952, that I last saw the deceased alive on <i>7-3</i> , 1952, and that death occurred at <i>m.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>Edward L. Banfield</i>	23B. ADDRESS <i>722 N. Fulton Ave.</i>	23C. DATE SIGNED <i>7-4-52</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>7/8/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Westport Md.</i>	24D. LOCATION (City, town, or county) (State) <i>Westport Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 7 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Adolphus Holstead</i>	ADDRESS <i>926 Druid Hill Ave.</i>



450

52 6285
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6285
Registered No.

1. NAME OF DECEASED (Type or Print) CHARLES KLEIN			2. DATE OF DEATH July 6, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 1			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION DOCTORS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-04		
C. Length of stay in Baltimore 47 Yrs			D. STREET ADDRESS (If rural, give location) 2027 N. Smallwood St		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1884	9. AGE (In years last birthday) 68	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor Operator		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Russia	
13. FATHER'S NAME David Klavansky			14. MOTHER'S MAIDEN NAME Anna ?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 213-03-6940		17. INFORMANT ADDRESS Philip Klein 13 S Franklin town Road	

18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Pulmonary edema		DUE TO		9 hrs.	
ANTECEDENT CAUSES					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Cardiac decompensation, acute Cardiac hypertrophy & dilatation Chronic arteriosclerotic heart disease		12 hrs. ? ?	
		(C)			

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Cerebral hemorrhage & hemiplegia left		6 hrs.	
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19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? 201	

22. I hereby certify that I attended the deceased from **April 20, 1952** to **July 6, 1952**, that I last saw the deceased alive on **July 5, 1952**, and that death occurred at **3:40 A.M.**, from the causes and on the date stated above.

23. SIGNATURE Samuel Weisman, M.D.	23B. ADDRESS 4004 Liberty St. B. Ave.	23C. DATE SIGNED 7-6-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE July 7, 1952	24C. NAME OF CEMETERY OR CREMATORY Hebrew Rosedale Cemetery	24D. LOCATION (City, town, or county) (State) Baltimore Md
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DATE RECEIVED BY LOCAL REGISTRAR JUL 7 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Sol Lewinson Bus North Ave	ADDRESS 1126 W North Ave
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DEPARTMENT OF COMMERCE

CERTIFICATE OF EXPORT

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52 6286

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6286

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Gray, Clarence		2. DATE OF DEATH July 4, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 24-03	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1204 Battery Ave.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	B. DATE OF BIRTH 10/2/83
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Elevator Operator	10B. KIND OF BUSINESS OR INDUSTRY Hospital	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Joshua Gray		14. MOTHER'S MAIDEN NAME Mary Hudson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. 218-10-7108	17. INFORMANT ADDRESS Mrs. Clara Gray Same	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) (A) Coronary Occlusion DUE TO ANTECEDENT CAUSES (B) Chronic Angine Pectoris DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 27, 1952 to July 4, 1952, that I last saw the deceased alive on July 4, 1952, and that death occurred at 5:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE A. Andrew Beecher M.D.	23B. ADDRESS St. Joseph Hospital	23C. DATE SIGNED July 4, 1952
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7/7/52	24C. NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.	24D. LOCATION (City, town, or county) (State) A.A. Co., Md.
DATE RECEIVED BY LOCAL REGISTRAR JUL 7 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS John F. Denny, Inc. 715 Light St.	

195-20,080-283

MEDICAL CERTIFICATION

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1992, 1993, 1994, 1995, 1996, 1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 26

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52 6287

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6287
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Lessie Genevieve Jenkins</i>		2. DATE OF DEATH <i>5 July 52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>BALTIMORE.</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>MARYLAND.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>2725 ROUND-RD. CHERRY HILL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>BALTIMORE. 25-32</i>	
c. Length of stay in Baltimore <i>LIFE.</i>		D. STREET ADDRESS (If rural, give location) <i>2725 ROUND-RD. CHERRY HILL</i>	
5. SEX <i>FEMALE</i>	6. COLOR OR RACE <i>COL</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>WIDOWED</i>	8. DATE OF BIRTH <i>3-?-1897</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSE WIFE.</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>-</i>	9. AGE (In years, last birthday) <i>55.</i>
13. FATHER'S NAME <i>OSCAR BOWMAN. D.C.</i>		11. BIRTHPLACE (State or foreign country) <i>D.C.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		12. CITIZEN OF WHAT COUNTRY? <i>D.C.</i>	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>MARY PETTY. D.C.</i>	
17. INFORMANT <i>MARY PEALS.</i>		ADDRESS <i>2734 GILES. Rd</i>	

18. <i>443X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <i>Cerebral Hemorrhage</i> DUE TO (B) <i>Hypertensive Concl. Vas. Les.</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH <i>7 da.</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *20 Aug.*, 19*49*, to *4 July*, 19*52*, that I last saw the deceased alive on *4 July*, 19*52*, and that death occurred at *6:30 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Renold Blyskal</i>	23B. ADDRESS <i>301 Cherry Hill Road</i>	23C. DATE SIGNED <i>5 July 52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24B. DATE <i>7-9-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>MT AUBURN. CEM.</i>	24D. LOCATION (City, town, or county) (State) <i>BALTIMORE. Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 7-1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>WILLIAM A JACKSON.</i>	916 ADDRESS <i>PENNA. AVE.</i>

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BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6288
Registered No.

1. NAME OF DECEASED (Type or Print) Adolphe Blische			2. DATE OF DEATH JUL 6 - 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Cath. Hall 5			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		
8. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 22, Dundalk		
D. STREET ADDRESS (If rural, give location) 6742 BESSEMER AVE. 5355			5. SEX male		
6. COLOR OR RACE white			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STATIONARY ENGINEER			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME EMIL BLISCHE			14. MOTHER'S MAIDEN NAME AUGUSTA JONKA		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) -			16. SOCIAL SECURITY NO.		
17. INFORMANT JOHNS HOPKINS HOSPITAL			ADDRESS		

18. 163X and E903.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture left hip.		INTERVAL BETWEEN ONSET AND DEATH 7 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Carcinoma lung 5 met.		3-4 mos?
CERTIFICATION APPROVED BY R. F. Fisher M.D. CHIEF OR ASST. MEDICAL EXAMINER		

19A. DATE OF OPERATION 7/3/52		19B. MAJOR FINDINGS OF OPERATION Intestine in situ.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 6742 Bessemer Ave.	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY June 30, 1952, m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? fell to floor.	

22. I hereby certify that I attended the deceased from **6-30**, 1952 to **7-6**, 1952 that I last saw the deceased alive on **7-6**, 1952 and that death occurred at **6:35 a.m.** from the causes and on the date stated above.

23A. SIGNATURE Dr. M. P. H. H. H.		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 7/6/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE JULY 9-1952		24C. NAME OF CEMETERY OR CREMATORY OAK LAWN	
24D. LOCATION (City, town, or county) (State) COLGOTE MD		25. FUNERAL DIRECTOR WILLIAM FURERB HOME		ADDRESS 2114 DUNDALK AV	

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CERTIFICATE OF DEATH

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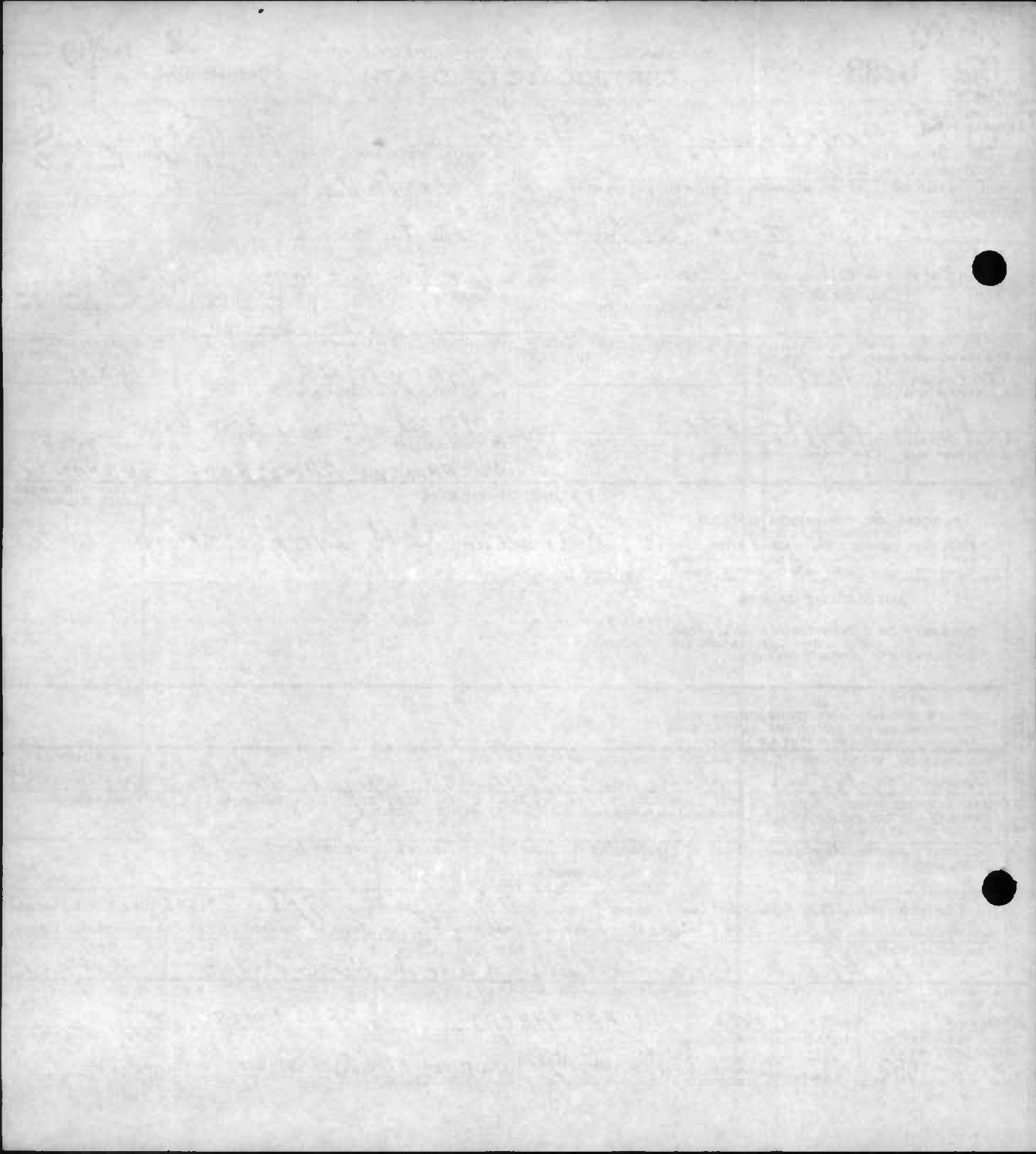
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1. NAME OF DECEASED (Type or Print) Armstrong, Mr. John		2. DATE OF DEATH July 5, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland. B. COUNTY Baltimore	
5. FULL NAME OF HOSPITAL OR INSTITUTION Church Home & Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Dundalk	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 7456 German Hill Rd.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 5/18/1887
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Garbage Collector		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 65 yrs
13. FATHER'S NAME William Armstrong		11. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		14. MOTHER'S MAIDEN NAME Magdalene Decker	
17. INFORMANT MRS FRANCES ARMSTRONG		ADDRESS GERMAN HILL	
18. 200.0		CAUSE OF DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Reticulum Cell Lymphosarcoma	
DUE TO		INTERVAL BETWEEN ONSET AND DEATH 3 Months	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) _____	
DUE TO		(C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION June 14, 1952		19B. MAJOR FINDINGS OF OPERATION Numerous Enlarged Lymph Nodes	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6/15 , 19 52 to 7/5 , 19 52 that I last saw the deceased alive on 7/5 , 19 52 and that death occurred at 4 Pm. , from the causes and on the date stated above.			
23A. SIGNATURE W. Reed Carwell		23B. ADDRESS Church Home & Home	
23C. DATE SIGNED 7/5/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE JULY 8, 1952	
24C. NAME OF CEMETERY OR CREMATORY SACRED HEART		24D. LOCATION (City, town, or county) (State) BALTIMORE MD	
DATE RECEIVED BY LOCAL REGISTRAR JUL 7 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR ULLRICH FUNERAL HOME		ADDRESS 2112 DUNDALK	

MEDICAL CERTIFICATION

9705G



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6290**

BIRTH NO. **52 6290**

1. NAME OF DECEASED (Type or Print) Lena Kutter			2. DATE OF DEATH 7/4/52 - 5¹⁰ a.m.		
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY Baltimore #24 26-08		
B. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore 32 Yrs. <input checked="" type="checkbox"/> Most Days			D. STREET ADDRESS (If rural, give location) 13 S. Highland Ave.		
5. SEX F	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH SEPT 27-1880		9. AGE (In years last birthday) 71
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME AHNERT			14. MOTHER'S MAIDEN NAME —		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Ella Rieger - (Daughter)		

18. 420.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH ARTERIOSCLEROTIC HYPERTENSIVE HEART DISEASE	INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) DUE TO	
		(B) DUE TO	
		(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CHRONIC NEPHRITIS	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 23 FEB. , 19 50 , to 4 JULY , 19 52 , that I last saw the deceased alive on 3 JULY , 19 52 , and that death occurred at 5:10 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Phineas H. Hildreth		23B. ADDRESS 121 S. HIGHLAND AVE.		23C. DATE SIGNED 7/5/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE JULY 7-1952		24C. NAME OF CEMETERY OR CREMATORY MEADOW RIDGE	
24D. LOCATION (City, town, or county) DORSEY MD		24E. FUNERAL DIRECTOR HUNTINGTON WILLIAMS, M.D.		24F. ADDRESS 2005 ORLEANS	

455
52 6291BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6291

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hanny Schulman

2. DATE
OF
DEATH

July 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 25-33

D. STREET ADDRESS (If rural, give location)

2401 Westport St.

c. Length of stay in Baltimore

48

Yrs.
Mons.
Days

5. SEX

male white

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

9-27-01

9. AGE (in years
last birthday)

50

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

grocer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Max

14. MOTHER'S MAIDEN NAME

Leah

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
Heldas

JOHNS HOPKINS HOSPITAL ADDRESS

18. 502.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Respiratory failure

INTERVAL BETWEEN
ONSET AND DEATH

4 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Chronic bronchitis, emphysema, Bxan
and cor pulmonaleII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arterial embolus, right leg

5 hrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-3, 1952 to 7-6, 1952 that I last saw the
deceased alive on 7-6, 1952, and that death occurred at 503 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Richard N. Reel

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

7/6/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7-7-52

24C. NAME OF CEMETERY OR CREMATORY

United Hebrew

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

2100 Centre Pl

ADDRESS

VS 150

2606A

MEDICAL CERTIFICATION

11/21/51

RECEIVED THE BUREAU OF THE
DEPARTMENT OF THE ARMY

11/21/51

[Faint, mostly illegible handwritten text, possibly a letter or report.]

RECEIVED THE BUREAU OF THE

9

[Faint, mostly illegible handwritten text, possibly a letter or report.]

52 6292

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6292

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LLOYD CHARLES

2. DATE
OF
DEATH

July 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

FRANKLIN SQ. HOSPITAL

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Odd jobs

13. FATHER'S NAME

CHARLES LLOYD

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(If yes, no or unknown)

unknown

NO

16. SOCIAL
SECURITY NO.

19-01-1108A

8. DATE OF BIRTH

6-15-1881

9. AGE (In years
last birthday)

71 yr

11 Under 1 Year
Months: Days Hours: Min.

20

11. BIRTHPLACE (State or foreign country)

ILLINOIS

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

PARKINS

17. INFORMANT

Lura LLOYD

ADDRESS

Same

18. 443x and E 903.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertension C.V. Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C) Security

CHIEF OR ASST. MEDICAL EXAMINER.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Inter Trochanteric fract. Left femur

19A. DATE OF OPERATION

6-3-52

19B. MAJOR FINDINGS OF OPERATION

INTERTROCHANTERIC fract. Left femur

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID
INJURY OCCUR?

Home

(If in Baltimore City, give exact location)

22D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

Stills 10 A m.

22E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

22F. HOW DID INJURY OCCUR?

Slipped while pushing Auto.

22. I hereby certify that I attended the deceased from 5/31 1952, to 7-5 1952, that I last saw the
deceased alive on 7-5 1952, and that death occurred at 12:40 p.m., from the causes and on the date stated above.

23A. SIGNATURE

H. B. Indelov

M. D.

23B. ADDRESS

2 Franklin St. W. Ave

23C. DATE SIGNED

7-5-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

July 8, 1952

24C. NAME OF CEMETERY OR CREMATORY

Crown Hill

24D. LOCATION (City, town, or county)

A. A. Co Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUL 7 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W. C. B. M. Waters

ADDRESS

1111 1/2 St. E. S. B.

VS 150

N 821.0

9 5 29 10 93

7 2 8

11 1/2

11 1/2

11 1/2

11 1/2

A. Nelson Thompson Underwood

05-1-28

05-1-28

22

22

22

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 6293
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Hayward Wright		2. DATE OF DEATH JUL 4 - 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Med. Dept.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY X	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, J-01	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 1206 Young Court B 1	
5. SEX male	6. COLOR OR RACE negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 6-18-88
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10B. KIND OF BUSINESS OR INDUSTRY gen.	9. AGE (In years last birthday) 64
11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Hayward Wright		14. MOTHER'S MAIDEN NAME Ester Southernland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL			

1B. 241X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) pneumonia DUE TO (B) chronic bronchitis with asthma DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH 5 da 10 yrs
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. arteriosclerotic cardiovascular dis.	
	19A. DATE OF OPERATION 7-4-52 19B. MAJOR FINDINGS OF OPERATION _____	

21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from **7-1-**, 19**52** to **7-4-**, 19**52** that I last saw the deceased alive on **7-4-**, 19**52** and that death occurred at **2 A** m., from the causes and on the date stated above.

23A. SIGNATURE Richard Holmes		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 7/4/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7-7-52		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	
24D. LOCATION (City, town, or county) Baltimore		24E. STATE Md			
DATE RECEIVED BY LOCAL REGISTRAR JUL 7 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR W. B. Adams	
VS 150					

MEDICAL CERTIFICATION

97099

CERTIFICATE OF DEATH

ATTESTED BY HEALTH OFFICER

CAUSE OF DEATH

2

10

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600
52 6294

52 6294

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

1. NAME OF DECEASED (Type or Print) Gray, Robert H		2. DATE OF DEATH 7/6/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 23-03	
c. Length of stay in Baltimore 84		D. STREET ADDRESS (If rural, give location) 1716 Marshall St.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 3/30/1868
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Lead Glads	9. AGE (In years last birthday) 84
13. FATHER'S NAME William Gray		12. CITIZEN OF WHAT COUNTRY? U.S.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Unknown		16. SOCIAL SECURITY NO. 216-12-6205A	
17. INFORMANT Mrs. Rena A. Wherrett-3009 N. Calvert St.		ADDRESS	
18. 156.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of liver DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. HOW DID INJURY OCCUR?	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK			
22. I hereby certify that I attended the deceased from 7/5/52 19 52 , to 7/6/52 , 19 52 , that I last saw the deceased alive on 7/6 , 19 52 , and that death occurred at 3:45 Am., from the causes and on the date stated above.			
23A. SIGNATURE George H. Smith		23B. ADDRESS University Hospital	
23C. DATE SIGNED 7/6/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/8/52	
24C. NAME OF CEMETERY OR CREMATORY Western Cem.		24D. LOCATION (City, town, or county) (State) Balto., Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUL 7 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Wm. J. Pickner & Sons		ADDRESS Balto 17, Md.	

MEDICAL CERTIFICATION

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VETERINARY MEDICINE
DIVISION OF ANIMAL INDUSTRY
WASHINGTON, D. C.

10-10-1918

10-10-1918

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143
52 6295BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6295

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>JEROME MUFFOLETTO</u>			2. DATE OF DEATH <u>7/5/52</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>MD.</u> B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <u>LUTHERAN HOSP.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALTO.</u> <u>16-06</u>		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <u>2941 Mosher St.</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Dec. 13, 1867</u>	9. AGE (In years last birthday) <u>84</u>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired shoemaker</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>own business</u>		
11. BIRTHPLACE (State or foreign country) <u>Italy</u>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <u>Anthony Muffoletto</u>			14. MOTHER'S MAIDEN NAME <u>Stephena Giardina</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Mr. Sam Muffoletto-26 Maryland Ave., Pikes-</u>			ADDRESS <u>ville</u>		

18. 330X CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATHDISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/2, 1952, to 7/5, 1952, that I last saw the deceased alive on 7/5, 1952, and that death occurred at 3:15 A m., from the causes and on the date stated above.23A. SIGNATURE Emmanuel E. Parelly 23B. ADDRESS Lutheran Hospital 23C. DATE SIGNED 5 July 5224A. BURIAL, CREMATION, REMOVAL (Specify) Burial 24B. DATE 7/8/52 24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem. 24D. LOCATION (City, town, or county) (State) Balto., Md.DATE RECEIVED BY JUL 7 1952 REGISTRAR'S SIGNATURE Huntington Williams, M.D. 25. FUNERAL DIRECTOR Wm. J. Schenck & Sons ADDRESS

619520006/253 Balto 17, Md.

[illegible]

2

512
52 6296
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6296

1. NAME OF DECEASED (Type or Print) JOHN EDWIN THOMPSON			2. DATE OF DEATH July 5, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION US Public Health Service Hospital Wynn Pk. Drive & 31st Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-08		
c. Length of stay in Baltimore ? Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 733 E. 23rd Street		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 12/11/93	9. AGE (In years last birthday) 58	10. Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10B. KIND OF BUSINESS OR INDUSTRY General Elevating Company ELEVATORS (M)		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME William Thompson			12. CITIZEN OF WHAT COUNTRY? USA		
14. MOTHER'S MAIDEN NAME Margaret Schmidt			17. INFORMANT Records- US PHS Hospital, Balto, Md.		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes WW I - USA		16. SOCIAL SECURITY NO. ?		ADDRESS	

18. 162X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Bronchogenic Carcinoma Left Lung		INTERVAL BETWEEN ONSET AND DEATH 8 mos.
DUE TO		
DUE TO		
DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 23, 1952, to July 5, 1952, that I last saw the deceased alive on July 5, 1952, and that death occurred at 10:15 a. m., from the causes and on the date stated above.					
23A. SIGNATURE Albert J. Goerdema		23B. ADDRESS M. D. US PHS Hospital, Balto, Md.		23C. DATE SIGNED 7/5/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/8/52		24C. NAME OF CEMETERY OR CREMATORY Jessop's Cem.	
24D. LOCATION (City, town, or county) (State) Sparks, Md.		25. FUNERAL DIRECTOR Wm. J. Dickener & Sons Balto 17, Md.			
DATE RECEIVED BY LOCAL REGISTRAR JUL 7 - 1952		REGISTRAR'S SIGNATURE H. H. Williams, M.D.		ADDRESS	

VS 150
51534

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF VETERINARY MEDICINE
WASHINGTON, D. C.

BPS

2

LABORATORY REPORT

NAME OF ANIMAL

DATE OF EXAMINATION

PLACE OF ORIGIN

NAME OF OWNER

NAME OF VETERINARIAN

LABORATORY REPORT

NAME

AGE

SEX

RACE

WEIGHT

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 6297
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) CHARLES N. FALK			2. DATE OF DEATH July 4, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel		
B. FULL NAME OF (If not in hospital or institution, give street address or location) South Baltimore General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pasadena 5200		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) Johnstown & Bar Harbor Roads		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 3/7/1884		9. AGE (In years last birthday) 68 If Under 1 Year: Months _____ Days _____ If Under 24 Hours: Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired		10B. KIND OF BUSINESS OR INDUSTRY Machinist		11. BIRTHPLACE (State or foreign country) Balto. Md.	
13. FATHER'S NAME Otto Falk			14. MOTHER'S MAIDEN NAME Dorothea Mack		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT ADDRESS Margaret Bickler 1290 Riverside Ave	

18. E812.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Multiple fractures, contusions, and abrasions		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Fracture of neck DUE TO (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Road		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Road, Riviera Beach Tickneck Road at intersection of Johnstown	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY July 4, 1952 9:55 P. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by truck	

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley K. Dureacher</i> M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED July 5, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/8/52		24C. NAME OF CEMETERY OR CREMATORY Holy Cross	
DATE RECEIVED BY LOCAL REGISTRAR JUL 7 - 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS 104 Oak Inc. 127 St. Paul St	

MEDICAL CERTIFICATION

1052

THE NEW YORK PUBLIC LIBRARY

ASTOR LENOX TILDEN FOUNDATION

1914

THE NEW YORK PUBLIC LIBRARY

ASTOR LENOX TILDEN FOUNDATION

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160
52 6298BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6298
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) WEAVER, William Leonard		2. DATE OF DEATH July 6, 1952	
3. PLACE OF DEATH A. Baltimore City, Maryland University Hospital		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
8. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-48	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3613 Windsor Mill Road #16	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE <input type="checkbox"/> MARRIED, <input checked="" type="checkbox"/> WIDOWED, <input type="checkbox"/> DIVORCED (Specify)	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Toolmaker		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Michael Weaver		11. BIRTHPLACE (State or foreign country) Pennsylvania	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? U.S.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Mary French	
17. INFORMANT University Hospital		ADDRESS <input checked="" type="checkbox"/>	

18. 410X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Heart Disease, Cardiac decompensation DUE TO Antic stenosis, mitral stenosis DUE TO Rheumatic Heart Disease	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 5, 1952** to **July 6, 1952**; that I last saw the deceased alive on **July 6, 1952**, and that death occurred at **6:00 Am.**, from the causes and on the date stated above.

23A. SIGNATURE Ray Pryor	23B. ADDRESS University Hospital	23C. DATE SIGNED July 6, 1952
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7/9/52	24C. NAME OF CEMETERY OR CREMATORY Balto.	24D. LOCATION (City, town, or county) (State) Balto. Md.
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DATE RECEIVED BY LOCAL REGISTRAR JUL 7 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm Cook Inc. 1217 St. Paul St	ADDRESS
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VS 150

105205923220

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10

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6299
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NICHOLAS BRANSON

2. DATE
OF
DEATH

7/4/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University of Md. Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

D. STREET ADDRESS (If rural, give location)

506 N Carrollton Ave

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb. 28, 1886

9. AGE (In years

last birthday)

66

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist

10B. KIND OF BUSINESS OR INDUSTRY

Steel Mill

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF WHAT COUNTRY?

US

13. FATHER'S NAME

James Branson

14. MOTHER'S MAIDEN NAME

Maurice Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

Mrs. Anna Lambrecht

506 N. Carrollton Ave.

18. 150X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Carcinoma of esophagus
post-operative

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Post-operative pneumothorax + subcut emphysema

19A. DATE OF OPERATION

6/23/52

19B. MAJOR FINDINGS OF OPERATION

Ca Esophagus

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 4, 1952, to July 4, 1952, that I last saw the deceased alive on July 4, 1952, and that death occurred at 10:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

George C. Alderman

M. D.

23B. ADDRESS

Univ. Hospital.

23C. DATE SIGNED

7/4/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

July 7, 1952

24C. NAME OF CEMETERY OR CREMATORY

Mt. Pleasant

24D. LOCATION (City, town, or county)

Baltimore C. Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Holland Funeral Home

ADDRESS

1603 Daniel Hill Ave.

JUL 7-1952

VS 150

5443A

12 6333

DEPARTMENT OF HEALTH
CITY OF NEW YORK
CERTIFICATE OF DEATH

1. NAME OF DECEASED <i>John Doe</i>		2. SEX <i>Male</i>		3. AGE <i>45</i>	
4. DATE OF DEATH <i>Jan 15 1963</i>		5. TIME OF DEATH <i>10:30 AM</i>		6. PLACE OF DEATH <i>Home</i>	
7. CAUSE OF DEATH <i>Myocardial Infarction</i>		8. MANNER OF DEATH <i>Natural</i>		9. SIGNATURE OF PHYSICIAN <i>Dr. J. Smith</i>	
10. SIGNATURE OF REGISTRAR <i>John Doe</i>		11. SIGNATURE OF WITNESS <i>John Doe</i>		12. SIGNATURE OF DECEASED <i>John Doe</i>	
13. SIGNATURE OF DECEASED <i>John Doe</i>		14. SIGNATURE OF DECEASED <i>John Doe</i>		15. SIGNATURE OF DECEASED <i>John Doe</i>	
16. SIGNATURE OF DECEASED <i>John Doe</i>		17. SIGNATURE OF DECEASED <i>John Doe</i>		18. SIGNATURE OF DECEASED <i>John Doe</i>	
19. SIGNATURE OF DECEASED <i>John Doe</i>		20. SIGNATURE OF DECEASED <i>John Doe</i>		21. SIGNATURE OF DECEASED <i>John Doe</i>	
22. SIGNATURE OF DECEASED <i>John Doe</i>		23. SIGNATURE OF DECEASED <i>John Doe</i>		24. SIGNATURE OF DECEASED <i>John Doe</i>	
25. SIGNATURE OF DECEASED <i>John Doe</i>		26. SIGNATURE OF DECEASED <i>John Doe</i>		27. SIGNATURE OF DECEASED <i>John Doe</i>	
28. SIGNATURE OF DECEASED <i>John Doe</i>		29. SIGNATURE OF DECEASED <i>John Doe</i>		30. SIGNATURE OF DECEASED <i>John Doe</i>	
31. SIGNATURE OF DECEASED <i>John Doe</i>		32. SIGNATURE OF DECEASED <i>John Doe</i>		33. SIGNATURE OF DECEASED <i>John Doe</i>	
34. SIGNATURE OF DECEASED <i>John Doe</i>		35. SIGNATURE OF DECEASED <i>John Doe</i>		36. SIGNATURE OF DECEASED <i>John Doe</i>	
37. SIGNATURE OF DECEASED <i>John Doe</i>		38. SIGNATURE OF DECEASED <i>John Doe</i>		39. SIGNATURE OF DECEASED <i>John Doe</i>	
40. SIGNATURE OF DECEASED <i>John Doe</i>		41. SIGNATURE OF DECEASED <i>John Doe</i>		42. SIGNATURE OF DECEASED <i>John Doe</i>	
43. SIGNATURE OF DECEASED <i>John Doe</i>		44. SIGNATURE OF DECEASED <i>John Doe</i>		45. SIGNATURE OF DECEASED <i>John Doe</i>	
46. SIGNATURE OF DECEASED <i>John Doe</i>		47. SIGNATURE OF DECEASED <i>John Doe</i>		48. SIGNATURE OF DECEASED <i>John Doe</i>	
49. SIGNATURE OF DECEASED <i>John Doe</i>		50. SIGNATURE OF DECEASED <i>John Doe</i>		51. SIGNATURE OF DECEASED <i>John Doe</i>	
52. SIGNATURE OF DECEASED <i>John Doe</i>		53. SIGNATURE OF DECEASED <i>John Doe</i>		54. SIGNATURE OF DECEASED <i>John Doe</i>	
55. SIGNATURE OF DECEASED <i>John Doe</i>		56. SIGNATURE OF DECEASED <i>John Doe</i>		57. SIGNATURE OF DECEASED <i>John Doe</i>	
58. SIGNATURE OF DECEASED <i>John Doe</i>		59. SIGNATURE OF DECEASED <i>John Doe</i>		60. SIGNATURE OF DECEASED <i>John Doe</i>	
61. SIGNATURE OF DECEASED <i>John Doe</i>		62. SIGNATURE OF DECEASED <i>John Doe</i>		63. SIGNATURE OF DECEASED <i>John Doe</i>	
64. SIGNATURE OF DECEASED <i>John Doe</i>		65. SIGNATURE OF DECEASED <i>John Doe</i>		66. SIGNATURE OF DECEASED <i>John Doe</i>	
67. SIGNATURE OF DECEASED <i>John Doe</i>		68. SIGNATURE OF DECEASED <i>John Doe</i>		69. SIGNATURE OF DECEASED <i>John Doe</i>	
70. SIGNATURE OF DECEASED <i>John Doe</i>		71. SIGNATURE OF DECEASED <i>John Doe</i>		72. SIGNATURE OF DECEASED <i>John Doe</i>	
73. SIGNATURE OF DECEASED <i>John Doe</i>		74. SIGNATURE OF DECEASED <i>John Doe</i>		75. SIGNATURE OF DECEASED <i>John Doe</i>	
76. SIGNATURE OF DECEASED <i>John Doe</i>		77. SIGNATURE OF DECEASED <i>John Doe</i>		78. SIGNATURE OF DECEASED <i>John Doe</i>	
79. SIGNATURE OF DECEASED <i>John Doe</i>		80. SIGNATURE OF DECEASED <i>John Doe</i>		81. SIGNATURE OF DECEASED <i>John Doe</i>	
82. SIGNATURE OF DECEASED <i>John Doe</i>		83. SIGNATURE OF DECEASED <i>John Doe</i>		84. SIGNATURE OF DECEASED <i>John Doe</i>	
85. SIGNATURE OF DECEASED <i>John Doe</i>		86. SIGNATURE OF DECEASED <i>John Doe</i>		87. SIGNATURE OF DECEASED <i>John Doe</i>	
88. SIGNATURE OF DECEASED <i>John Doe</i>		89. SIGNATURE OF DECEASED <i>John Doe</i>		90. SIGNATURE OF DECEASED <i>John Doe</i>	
91. SIGNATURE OF DECEASED <i>John Doe</i>		92. SIGNATURE OF DECEASED <i>John Doe</i>		93. SIGNATURE OF DECEASED <i>John Doe</i>	
94. SIGNATURE OF DECEASED <i>John Doe</i>		95. SIGNATURE OF DECEASED <i>John Doe</i>		96. SIGNATURE OF DECEASED <i>John Doe</i>	
97. SIGNATURE OF DECEASED <i>John Doe</i>		98. SIGNATURE OF DECEASED <i>John Doe</i>		99. SIGNATURE OF DECEASED <i>John Doe</i>	
100. SIGNATURE OF DECEASED <i>John Doe</i>		101. SIGNATURE OF DECEASED <i>John Doe</i>		102. SIGNATURE OF DECEASED <i>John Doe</i>	

520
52 6300BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6300
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CHARLES HARVEY JONES			2. DATE OF DEATH 7-4-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE MD B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 1229 E. Biddle St.			C. CITY OR TOWN (If outside corporate limits, write R.R.A.L. and give township) BALTIMORE		
c. Length of stay in Baltimore 25 yrs			D. STREET ADDRESS (If rural, give location) 1229 E. Biddle St.		
5. SEX M.	6. COLOR OR RACE C.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 4-15-1892	9. AGE (in years last birthday) 60	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CHAUFFEUR			10B. KIND OF BUSINESS OR INDUSTRY LUMBER CO.		
11. BIRTHPLACE (State or foreign country) N.C.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME ARCHIE JONES			14. MOTHER'S MAIDEN NAME SUSIE WILLIAMS		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT SUSIE JONES			ADDRESS 1229 E. Biddle St.		

18. 151X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Stomach	CAUSE OF DEATH (A) Carcinoma of Stomach DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH ?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **July 30, 1952** to **July 4, 1952**, that I last saw the deceased alive on **July 4, 1952** and that death occurred at **2 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE Wm. H. Berry	23B. ADDRESS 1420 E. Chase	23C. DATE SIGNED 7-7-52
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 7-7-52	24C. NAME OF CEMETERY OR CREMATORY MT. CALVARY
24D. LOCATION (City, town, or county) (State) A.A. County MD	25. FUNERAL DIRECTOR Huntington Williams, Mr. Joseph B. Locks, Jr. 1304 N. Central Ave	
DATE RECEIVED BY LOCAL REGISTRAR JUL 7 - 1952	VS 150 6836	

520
52 6301BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6301

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William M. SINSKY

2. DATE
OF
DEATH

7-5-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. City

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Sinsi Hos.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Balto. City 24-01

D. STREET ADDRESS (If rural, give location)

1333 Clement St

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

B. DATE OF BIRTH

April 19-1898

9. AGE (in years
last birthday)

54

If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Longshoreman

10B. KIND OF BUSINESS OR
INDUSTRY

Ship

11. BIRTHPLACE (State or foreign country)

Balto.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Louis Kuczinski

14. MOTHER'S MAIDEN NAME

Margaret Stromer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

215-03-4898

17. INFORMANT

ADDRESS

Emma Sinsky 1333 Clement St

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A)

DUE TO

(B)

DUE TO

(C)

Myocardial Infarction

Acute Myocardial Infarction

ASCVD

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

As cerebrovasc. dis. - left hemiparesis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-5-1952 to 7-5-1952, that I last saw the
deceased alive on 7-5-1952 and that death occurred at 12:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Leonard Koff

M. D.

23B. ADDRESS

Sina (Sina)

23C. DATE SIGNED

7-5-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Burial

July 8-1952

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24D. LOCATION (City, town, or county)

Balto. City

(State)

Md.

DATE RECEIVED BY REGISTRAR'S SIGNATURE

LOCAL REGISTRAR

25. FUNERAL DIRECTOR

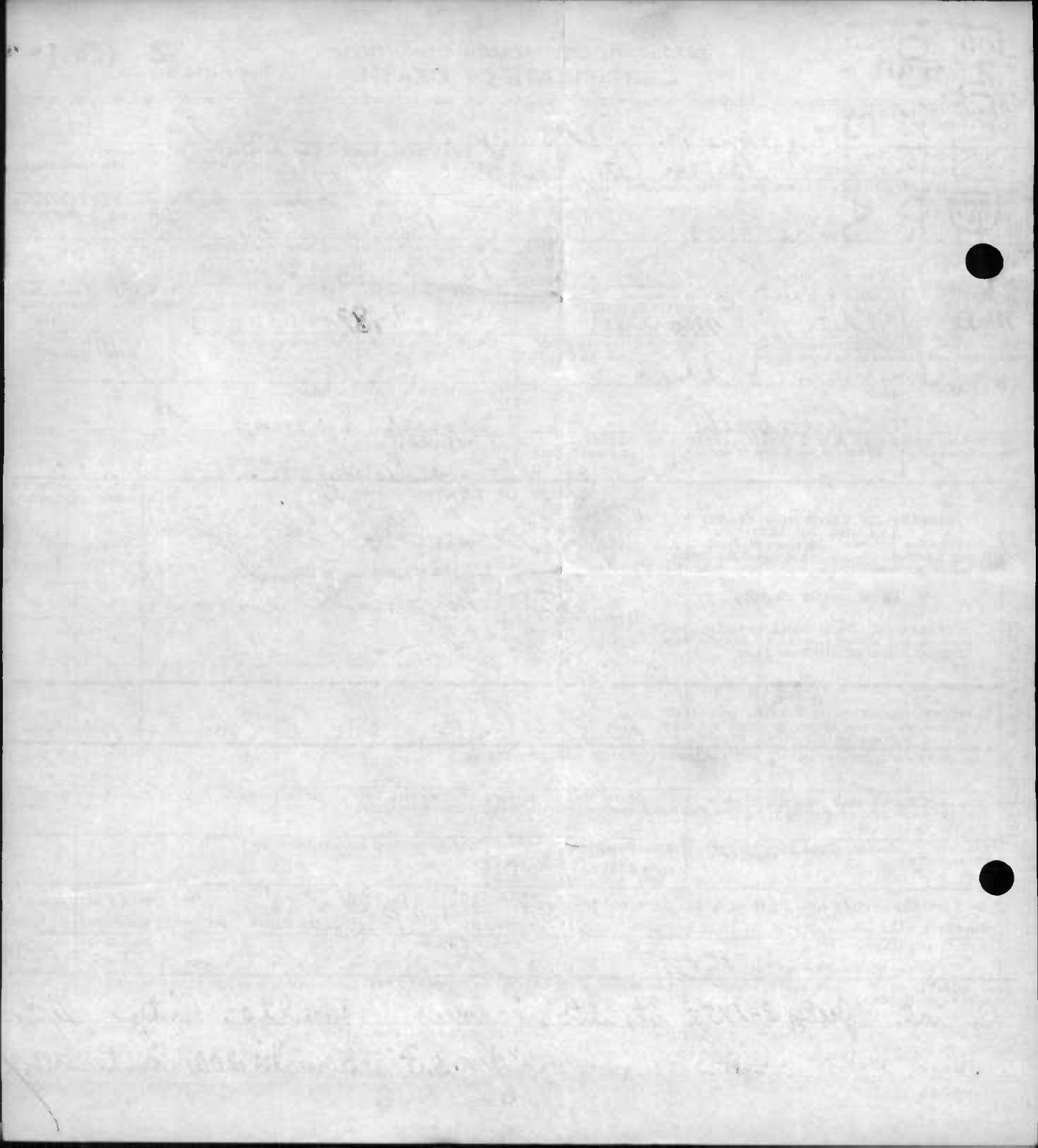
ADDRESS

JUL 7-1952 Huntington Williams M. S. Fialkowski 2007 Eastern Ave

VS 150

94053-98

MEDICAL CERTIFICATION



250
52 6302BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6302

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) EMMA LOCAN		2. DATE OF DEATH 3 JULY 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland UNIV. HOSP.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bethman 22-02			
C. Length of stay in Baltimore 32 yrs.		D. STREET ADDRESS (If rural, give location) 327 S. Fremont Ave			
5. SEX F.M.	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH April 19, 1911	9. AGE (in years last birthday) 41	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY at Home		11. BIRTHPLACE (State or foreign country) Calvert Co md	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME William Moore		14. MOTHER'S MAIDEN NAME Eleanor Moore	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Songston Hogan 327 S. Fremont Ave	
18. 153X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) PULMONARY EDEMA DUE TO CONGESTIVE FAILURE DUE TO CARCINOMA SPLENIC FLEXURE DUE TO		INTERVAL BETWEEN ONSET AND DEATH			
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 5-7-52		19B. MAJOR FINDINGS OF OPERATION C.A. splenic flexure		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-7-52 , 1952, to 7-3-52 , 1952, that I last saw the deceased alive on 7-3-52 , 1952 and that death occurred at 2 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Harry M. Walsh		23B. ADDRESS Univ. Hospital		23C. DATE SIGNED 7-4-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/9/52		24C. NAME OF CEMETERY OR CREMATORY mt cbr. cem.	
24D. LOCATION (City, town, or county) (State) Brooklyn Md		24E. FUNERAL DIRECTOR Elroy Wilson		24F. ADDRESS 1100 Bunting Ave	
DATE RECEIVED BY LOCAL REGISTRAR JUL 7-1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		VS 150 7208A	

534
32 6303BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6303

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Andrew Joseph Randol

2. DATE
OF
DEATH July 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE 3413 Bateman Ave.,64-Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Md.
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-38D. STREET ADDRESS (If rural, give location)
3413 Bateman Ave.,

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 22, 1887

9. AGE (In years last birthday)

64

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Jacobi Jewelry Co.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Andrew J. Randol

14. MOTHER'S MAIDEN NAME

Elizabeth Burney

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

Yes

(If yes, give war or dates of service)

W. W. I

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Catherine Randol 3413 Bateman Av

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE, (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Coronary Sclerosis
C Memory Sclerosis
Arterio Sclerosis

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1950, to July 4, 1952, that I last saw the deceased alive on July 4, 1952, and that death occurred at 2:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

M. O.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7-8-1952

24C. NAME OF CEMETERY OR CREMATORY

New Balto. National

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 7-1952

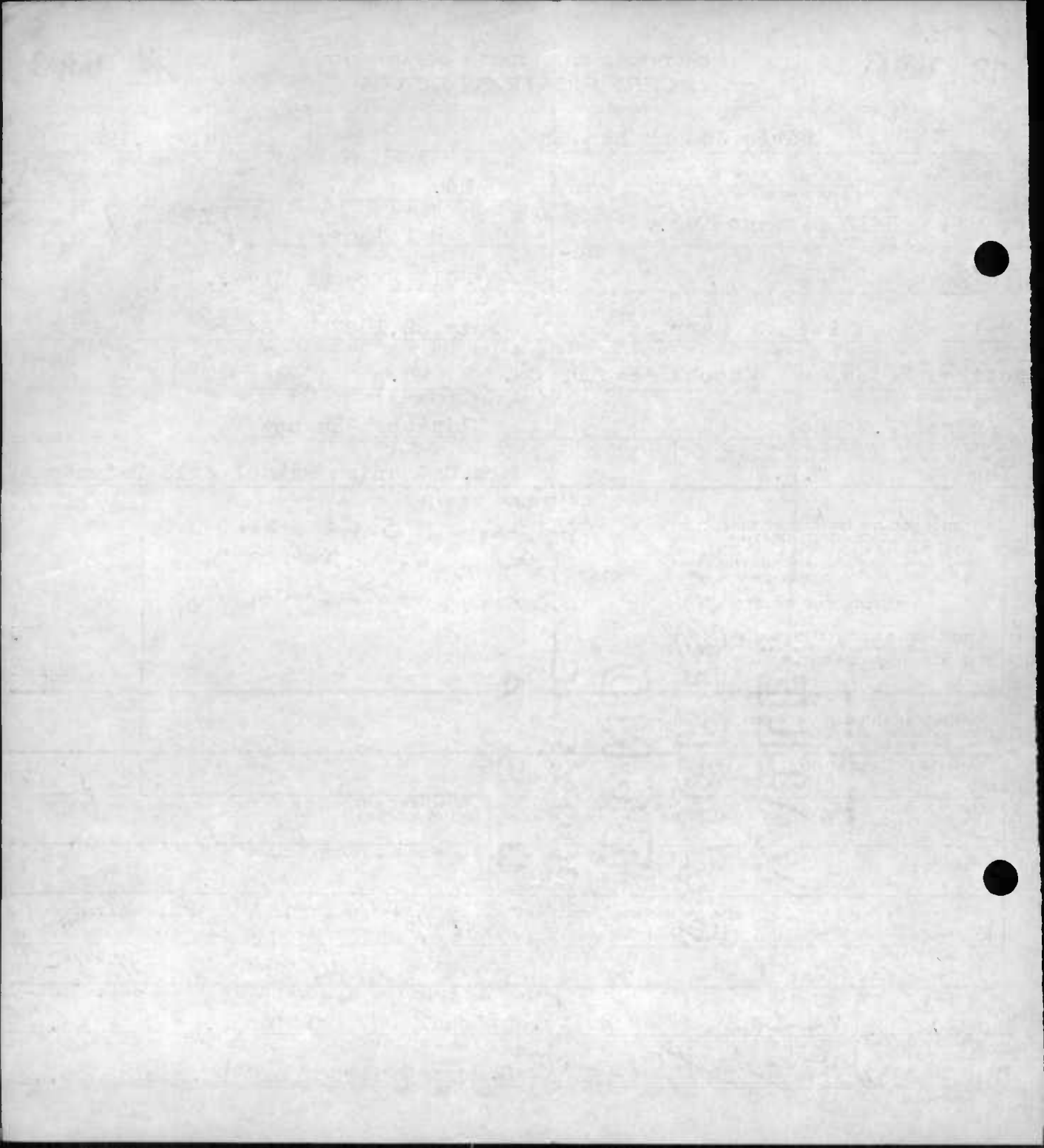
Huntington Williams, M.D.

G. Howard Strong 3207 W. North Ave.,

VS 150

49065

MEDICAL CERTIFICATION



52 6304

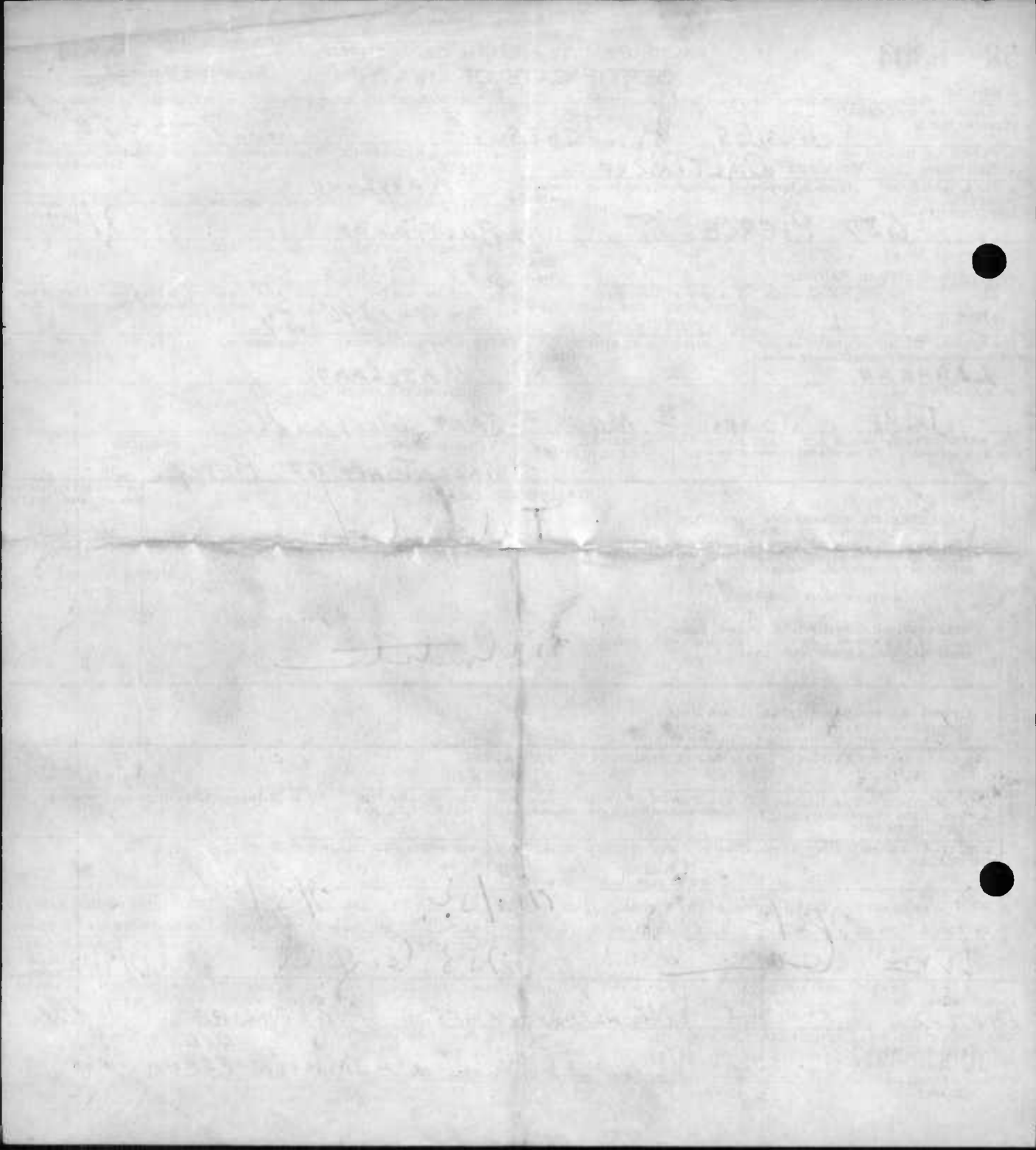
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6304
Registered No.

1. NAME OF DECEASED (Type or Print) JAMES A JONES JR			2. DATE OF DEATH 7-3-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
8. FULL NAME OF HOSPITAL OR INSTITUTION 687 PIERCE ST			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE D. STREET ADDRESS (If rural, give location) 687 PIERCE ST		
5. SEX MALE			6. COLOR OR RACE COL		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED			8. DATE OF BIRTH 3-9-1895		
9. AGE (in years last birthday) 57			10. Under 1 Year: Months: Days: Under 24 Hours: Hours: Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER			10B. KIND OF BUSINESS OR INDUSTRY —		
11. BIRTHPLACE (State or foreign country) MARYLAND			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME JAMES JONES SR MD			14. MOTHER'S MAIDEN NAME JANE GILES MD		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT VIOLA JONES 687 PIERCE ST			ADDRESS		

18. 008X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH ?	
DUE TO		(A)			
DUE TO		(B)			
DUE TO		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7/1/52 , 19 52 , to 7/3/52 , 19 52 , that I last saw the deceased alive on 7/2/52 , 19 52 , and that death occurred at 2:00 m., from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS 703 Carl St		23C. DATE SIGNED 7/7/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 7-8-52		24C. NAME OF CEMETERY OR CREMATORY MT. AUBURN CEMETERY	
24D. LOCATION (City, town, or county) BALTIMORE MD		24E. FUNERAL DIRECTOR WILLIAM A JACKSON		24F. ADDRESS 916 PENNA. AVE.	
DATE RECEIVED BY LOCAL REGISTRAR JUL 7 1952					
REGISTRAR'S SIGNATURE Huntington Williams, MD					



621
52 6305CRISPENS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6305

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Bertha</i> <i>Bertha Crispens</i>		2. DATE OF DEATH <i>7/2/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Balto. Md.</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>1026 E. Fort Ave.</i> B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1026 E. Fort Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 30, Md.</i>	
D. STREET ADDRESS (If rural, give location) <i>1026 E. Fort Ave.</i>		5. SEX <i>F</i>	
6. COLOR OR RACE <i>W</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <i>July 7, 1878</i>		9. AGE (In years last birthday) <i>74</i>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>—</i>	
11. BIRTHPLACE (State or foreign country) <i>Germany</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13. FATHER'S NAME <i>Uncrow</i>		14. MOTHER'S MAIDEN NAME <i>Uncrow</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>None</i>	
17. INFORMANT <i>Dr. E. E. Crispens</i> <i>(Daughter)</i>		ADDRESS <i>1026 E. Fort Ave.</i>	

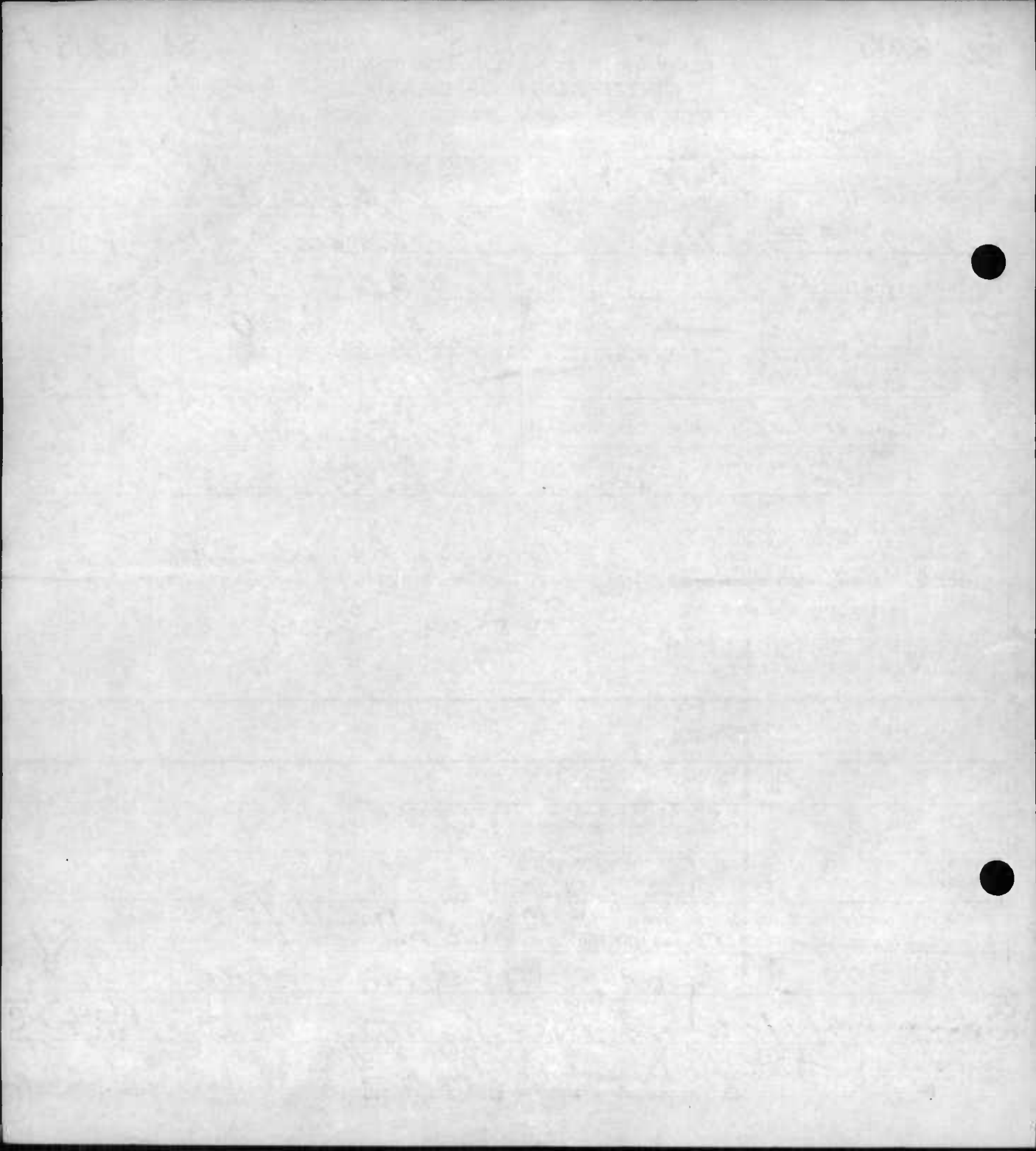
18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Cardiac Decompensation</i> DUE TO <i>Arteriosclerosis</i>	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *May*, 19*49*, to *7/2/52*, that I last saw the deceased alive on *1957*, and that death occurred at *3 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Denis J. McGrath</i> M. D.	23B. ADDRESS <i>1 E RANDALL IR. Balto</i>	23C. DATE SIGNED <i>7/3/52</i>
---	--	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>7/2/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Festus Cemetery</i>	24D. LOCATION (City, town, or county) (State) <i>Ed. Ave. Balto. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 7 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Charles F. Dill</i>	ADDRESS <i>1001 E. Fort Ave.</i>



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 6306

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Margaret French		2. DATE OF DEATH July 5, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. ROOM #	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Anderson Convalescent & Rest Home		C. CITY OR TOWN (If outside corporate limits, write R.R. & L. and give township) Baltimore 28-41	
c. Length of stay in Baltimore About 50 years		D. STREET ADDRESS (If rural, give location) 3604 Mohawk Avenue	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY _____	9. AGE (In years last birthday) About 81 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME Unobtainable		11. BIRTHPLACE (State or foreign country) Virginia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) _____		12. CITIZEN OF WHAT COUNTRY? _____	
16. SOCIAL SECURITY NO. _____		14. MOTHER'S MAIDEN NAME Unobtainable	
17. INFORMANT Mrs. Edith Anderson- 3605 Hillsdale Rd.		ADDRESS	

19. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		DUE TO	

19A. DATE OF OPERATION 7/8/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Time of death , to July 5, 1952 , that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30 Pm. , from the causes and on the date stated above.					
23A. SIGNATURE Shirley S. Watson		23B. ADDRESS 1101 St. Paul St.		23C. DATE SIGNED July 7, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/8/52		24C. NAME OF CEMETERY OR CREMATORY Druid Ridge Cemetery	
DATE RECEIVED BY LOCAL REGISTRAR JUL 7 - 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR W. H. Williams and Son - 805 N. Calvert St	
		24D. LOCATION (City, town, or county) Pikesville, Maryland			

1953 32

RECEIVED BY THE BOARD OF DIRECTORS
OF THE BOARD OF DIRECTORS

1953 32

1.



600
52 6307BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6307

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>James W. Perry</i>		2. DATE OF DEATH <i>July 4, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Borlto.</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1546 Argyle Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>14-02</i>			
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1546 Argyle Ave.</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Col</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>Jan. 15, 1898</i>	9. AGE (In years last birthday) <i>54</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Gen.</i>		11. BIRTHPLACE (State or foreign country) <i>Jacksonville Fla.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>John Perry</i>		14. MOTHER'S MAIDEN NAME <i>Esther Myers</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>HELEN JONES</i> ADDRESS <i>1546 Argyle Ave.</i>	
18. <i>442X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Myocardial Infarction - Lead</i> <i>Arterial Disease</i> DUE TO (A) DUE TO (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH <i>?</i>			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>July 1, 1952</i> to <i>July 4, 1952</i> that I last saw the deceased alive on <i>July 4, 1952</i> and that death occurred at <i>6:05</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Wm. L. Perry</i>		23B. ADDRESS <i>1420 E. Chase St.</i>		23C. DATE SIGNED <i>7-7-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>7/7/1952</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Memorial</i>	
24D. LOCATION (City, town, or county) (State) <i>Arbutus Md.</i>		24E. NAME OF CEMETERY OR CREMATORY <i>Arbutus Memorial</i>		24F. LOCATION (City, town, or county) (State) <i>Arbutus Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 7 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Wm. L. Williams</i> ADDRESS <i>322 N. Schroeder St.</i>	

CERTIFICATE OF DEATH

NAME OF DECEASED

DATE OF DEATH

PLACE OF DEATH

SIGNATURE OF DECEASED

SIGNATURE OF WITNESS

SIGNATURE OF MINISTER

SIGNATURE OF CLERK

SIGNATURE OF JUDGE

SIGNATURE OF SHERIFF

SIGNATURE OF CONSTABLE

SIGNATURE OF JURY

SIGNATURE OF COURT

SIGNATURE OF COUNTY

SIGNATURE OF STATE

SIGNATURE OF UNION

SIGNATURE OF WORLD

SIGNATURE OF UNIVERSE

SIGNATURE OF GOD

163
52 6308 160503BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6308

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Richard Everett			2. DATE OF DEATH 7-4-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY		
5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. Length of stay in Baltimore 7			D. STREET ADDRESS (If rural, give location) Crownsville State Hospitals		
7. SEX Male	8. COLOR OR RACE Negro	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	10. DATE OF BIRTH Dec 25, 1879	11. AGE (In years last birthday) 72	12. If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborem			10B. KIND OF BUSINESS OR INDUSTRY Gen.		
13. FATHER'S NAME Irvin Everett			14. MOTHER'S MAIDEN NAME Charlotte		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No			16. SOCIAL SECURITY NO.		
17. INFORMANT B. C. H. records, 4940 Eastern Ave.			ADDRESS		

18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acidosis Diabetic DUE TO		INTERVAL BETWEEN ONSET AND DEATH Couple days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Diabetic Gangrene DUE TO Diabetes Mellitus (C)		3 wks. long
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 7		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 6-27-52 , 19 52 , to July 4, 1952 , that I last saw the deceased alive on July 4 , 19 52 , and that death occurred at 3:45 PM from the causes and on the date stated above.				
23A. SIGNATURE J. D. Rosen M. D.		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 7-5-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Shipped	24B. DATE 7/8/1952	24C. NAME OF CEMETERY OR CREMATORY Goldsbors G. C.	24D. LOCATION (City, town, or county) (State) Goldsbors G. C.
DATE RECEIVED BY LOCAL REGISTRAR JUL 7-1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Mr. Victor Williams Schreier & Co.	

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6309
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
MARGARET PORTER COLEMAN		JULY 4, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3107 Harview Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-05	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 3107 Harview Avenue	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Sept. 27, 1861
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 90
13. FATHER'S NAME Phillip Sherwood		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Susan Gosnell	
17. INFORMANT Mrs. Ralph Clark, 3107 Harview Ave		ADDRESS	
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Cerebral thrombosis (A) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO Hypertensive C. V. disease (C) DUE TO Thrombotic arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 19__ to __, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at 3:15 P. M., from the causes and on the date stated above.			
23A. SIGNATURE Louis J. Ruck		23B. ADDRESS 8402 Greenway	
23C. DATE SIGNED 7/5/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/7/52	
24C. NAME OF CEMETERY OR CREMATORY Greenmount Cem.		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR JUL 7 - 1952		REGISTRAR'S SIGNATURE Huntington	
25. FUNERAL DIRECTOR Leonard J. Ruck, 5305 Harford Rod.		ADDRESS	

MEDICAL CERTIFICATION

306

8402 Greenway

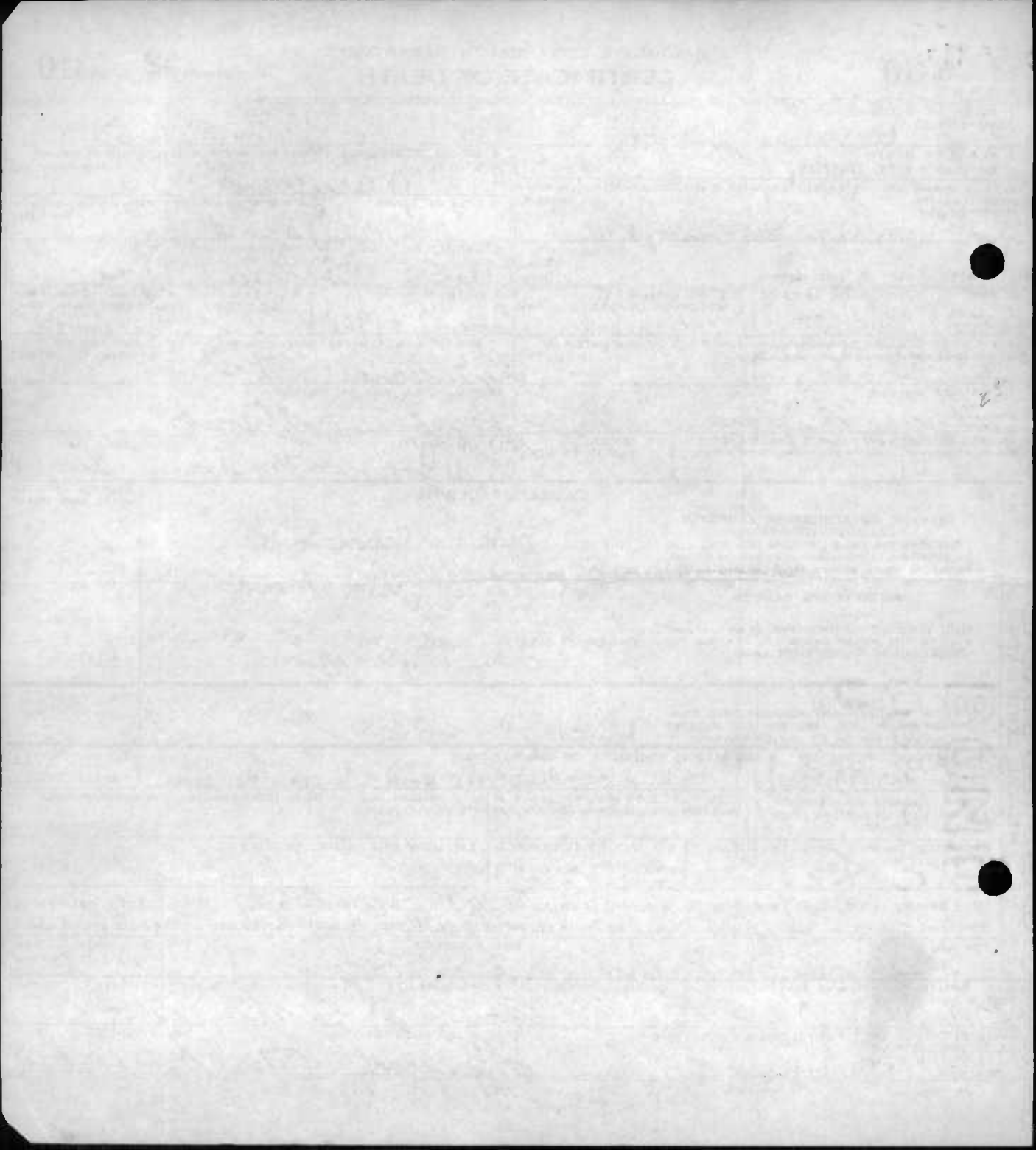
625
52 6310

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6310

1. NAME OF DECEASED (Type or Print) <u>Grossman, Valeria</u>		2. DATE OF DEATH <u>July 5, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sinai Hospital of Baltimore, Inc.</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 9-07</u>	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <u>1650 Gorsuch Ave</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 31 - 1908</u>
9. AGE (In years last birthday) <u>43</u>		10. Under 1 Year Months: Days: Under 24 Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>Baltimore, Md.</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>George Lipka</u>		14. MOTHER'S MAIDEN NAME <u>Josephine Stanek</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Mr John Grossman</u>		ADDRESS <u>1650 Gorsuch</u>	
18. 572.2 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <u>Shock, postoperative</u> DUE TO <u>Dehiscence, postoperative</u> (B) <u>Abdominal-perineal resection for ulcerative colitis</u> DUE TO (C) <u>Ulcerative colitis.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Ulcerative colitis.</u>			
19A. DATE OF OPERATION <u>June 25, 1952</u>		19B. MAJOR FINDINGS OF OPERATION <u>Pseudopolypoidosis and ulcerative colitis.</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., home or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>July 1, 1952</u> to <u>July 5, 1952</u> that I last saw the deceased alive on <u>July 5, 1952</u> and that death occurred at <u>11:10 a.m.</u> , from the causes and on the date stated above.			
23A. SIGNATURE <u>Stanley Charles Reinitz</u> M. D.		23B. ADDRESS <u>Sinai Hospital</u>	
23C. DATE SIGNED <u>7/5/1952</u>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>7/9/52</u>	
24C. NAME OF CEMETERY OR CREMATORY <u>St. Stanislaus</u>		24D. LOCATION (City, town, or county) (State) <u>Balt Md</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>JUL 7 - 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	
25. FUNERAL DIRECTOR <u>H. J. Luck</u>		ADDRESS <u>5305 Harford Rd</u>	

MEDICAL CERTIFICATION



-516
6311

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6311
Registered No.

BIRTH NO. 51-12721

1. NAME OF DECEASED (Type or Print) *PHILIP WINNEBERGER* 2. DATE OF DEATH *7/6/52*

3. PLACE OF DEATH: A. Baltimore City, Maryland 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE *MD.* B. COUNTY *Baltimore*

B. FULL NAME OF HOSPITAL OR INSTITUTION *SINAI Hosp. Tol* C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *BALTIMORE Rural*

C. Length of stay in Baltimore *13* Mos. *1712 GLENKETH BLVD* D. STREET ADDRESS (If rural, give location)

5. SEX *M* 6. COLOR OR RACE *W* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *S.* 8. DATE OF BIRTH *June 8 1951* 9. AGE (In years last birthday) *1 YR* If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *child* 10B. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) *BALTIMORE* 12. CITIZEN OF WHAT COUNTRY? *USA*

13. FATHER'S NAME *Benjamin Robert* 14. MOTHER'S MAIDEN NAME *Jeanette Seidl*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) *no* (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. *none* 17. INFORMANT *Father* ADDRESS *same*

18. *260X* I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH CAUSE OF DEATH *Acidosis?* INTERVAL BETWEEN ONSET AND DEATH *1*

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) *Diabetic Mellitus?* ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *7/6/52* 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDER- LYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *7/5/52*, 1952, to *7/6*, 1952, that I last saw the deceased alive on *7/6*, 1952, and that death occurred at *8:45* am., from the causes and on the date stated above.

23A. SIGNATURE *Samuel Brown* 23B. ADDRESS *Sinai Hosp.* 23C. DATE SIGNED *7/6/52*

24A. BURIAL, CREMA- TION, REMOVAL (Specify) *Burial* 24B. DATE *7/8/52* 24C. NAME OF CEMETERY OR CREMATORY *Parkwood Cem* 24D. LOCATION (City, town, or county) (State) *Bald Md*

DATE RECEIVED BY LOCAL REGISTRAR *JUL 7-1952* REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* 25. FUNERAL DIRECTOR *L. J. Buck* ADDRESS *15805 Hayford Rd*

MEDICAL CERTIFICATION

CONFIDENTIAL

[Faint, mostly illegible text covering the majority of the page, likely bleed-through from the reverse side.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6312**

132
6312
BIRTH NO.

1. NAME OF DECEASED (Type or Print) WILLIAM J DAVIDSON			2. DATE OF DEATH 7/7/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) MERCY HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
C. Length of stay in Baltimore LIFETIME Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 2817 ALMEDA BLVD.		
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 10, 1908	9. AGE (In years last birthday) 43	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INSPECTOR			10B. KIND OF BUSINESS OR INDUSTRY WESTERN ELECTRIC		
11. BIRTHPLACE (State or foreign country) MARYLAND			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME JOHN DAVIDSON			14. MOTHER'S MAIDEN NAME ELIZABETH KELLY		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT PATIENT			ADDRESS		

18. 416X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Rheumatic Heart Disease (A) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION NONE		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7/1/52 , 19__, to 7/7/52 , 19__, that I last saw the deceased alive on 7/7/52 , 19__ and that death occurred at 4:30 A. m., from the causes and on the date stated above.					
23A. SIGNATURE Robert J. Lyden		23B. ADDRESS MERCY HOSPITAL		23C. DATE SIGNED 7/7/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/10/52		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Bldg. Md	
24D. LOCATION (City, town, or county) (State) Baltimore Md		25. FUNERAL DIRECTOR Huntington Williams, 4705 - J. P. Buck		ADDRESS 5305 Hayford Rd	
DATE RECEIVED BY LOCAL REGISTRAR JUL 7 1952					

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 6313

320
6313
BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>EDITH COATES</u>		2. DATE OF DEATH <u>July 5, 1952</u>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md</u> B. COUNTY _____	
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>Franklin Square</u>		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Balto</u> <u>14-03</u>	
7. Length of stay in Baltimore <u>Life</u>		8. STREET ADDRESS (If rural, give location) <u>2012 Etting St</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>C</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>	8. DATE OF BIRTH <u>Jan 1, 1913</u>
9A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>domestic</u>		9B. KIND OF BUSINESS OR INDUSTRY _____	
10A. FATHER'S NAME <u>Alexander Shorter</u>		10B. MOTHER'S MAIDEN NAME <u>Della Coates</u>	
11. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. SOCIAL SECURITY NO. <u>none</u>		14. INFORMANT <u>Mary Parham</u>	

15. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <u>STRICTURES OF STOMACH and Esophagus</u> ANTECEDENT CAUSES (B) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH _____
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19A. DATE OF OPERATION _____	19B. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH. <input type="checkbox"/> UNDERLYING <input checked="" type="checkbox"/> CONTRIBUTING	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>2012 Etting Street</u> <u>14/3</u>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>April 6, 1952</u> m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <u>Ingestion of corrosive substance</u>

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <u>Stanley H. Dineen</u> M.D.	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> <u>July 6, 1952</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>7/9/52</u>
24C. NAME OF CEMETERY OR CREMATORY <u>St Peter's</u>	24D. LOCATION (City, town or county) (State) <u>Balto. Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>JUL 7 - 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams</u>
25. FUNERAL DIRECTOR <u>W. H. Kelso</u> <u>1303</u>	

MEDICAL CERTIFICATION

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CENTRALIZATION OF DATA

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CALLING ON DEATH

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6314

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Ella-Sullivan		2. DATE OF DEATH 7-5-52	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore life		d. STREET ADDRESS (If rural, give location) B. C. H. (1533 N. Caroline St.)	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 7, 1877
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 75	11. BIRTHPLACE (State or foreign country) Maryland
10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Joseph Byrne		14. MOTHER'S MAIDEN NAME Mary Parker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS Records: B. C. H. 4940 Eastern Ave.	

18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary Tuberculosis DUE TO (A) Pulmonary Tuberculosis (B) DUE TO (C) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 3 yrs.
--	--	---

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-29- , 19 42 , to 7-5- , 19 52 , that I last saw the deceased alive on 7-5- , 19 52 , and that death occurred at 2:15P.m. , from the causes and on the date stated above.					
23A. SIGNATURE C. S. Crogan		23B. ADDRESS M. D. 4940 Eastern Ave.		23C. DATE SIGNED 7-5-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/8/52		24C. NAME OF CEMETERY OR CREMATORY New Cathedral	
24D. LOCATION (City, town, or county) (State) Baltimore Md.		24E. FUNERAL DIRECTOR Harry H. Witke		24F. ADDRESS 4101 Grandon Ave.	
DATE RECEIVED BY LOCAL REGISTRAR JUL 7 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, MD		25. FUNERAL DIRECTOR Harry H. Witke	

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6315**

654
BIRTH NO. **6315**

1. NAME OF DECEASED (Type or Print) Edward S. Arnold			2. DATE OF DEATH July 5/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 1409 W. Baltimore St			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1409 W. Baltimore St		
5. SEX Male	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 4, 1884		9. AGE (In years last birthday) 68
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Candy Maker			10B. KIND OF BUSINESS OR INDUSTRY Rings Candy Co.		11. BIRTHPLACE (State or foreign country) Balto. Md.
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME Henry Arnold		
14. MOTHER'S MAIDEN NAME Annabelle-----			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (M)		
16. SOCIAL SECURITY NO.			17. INFORMANT (WIFE) Mrs. Estella E. Arnold		
18. ADDRESS 1409 W. Balto.			19. ADDRESS ST		

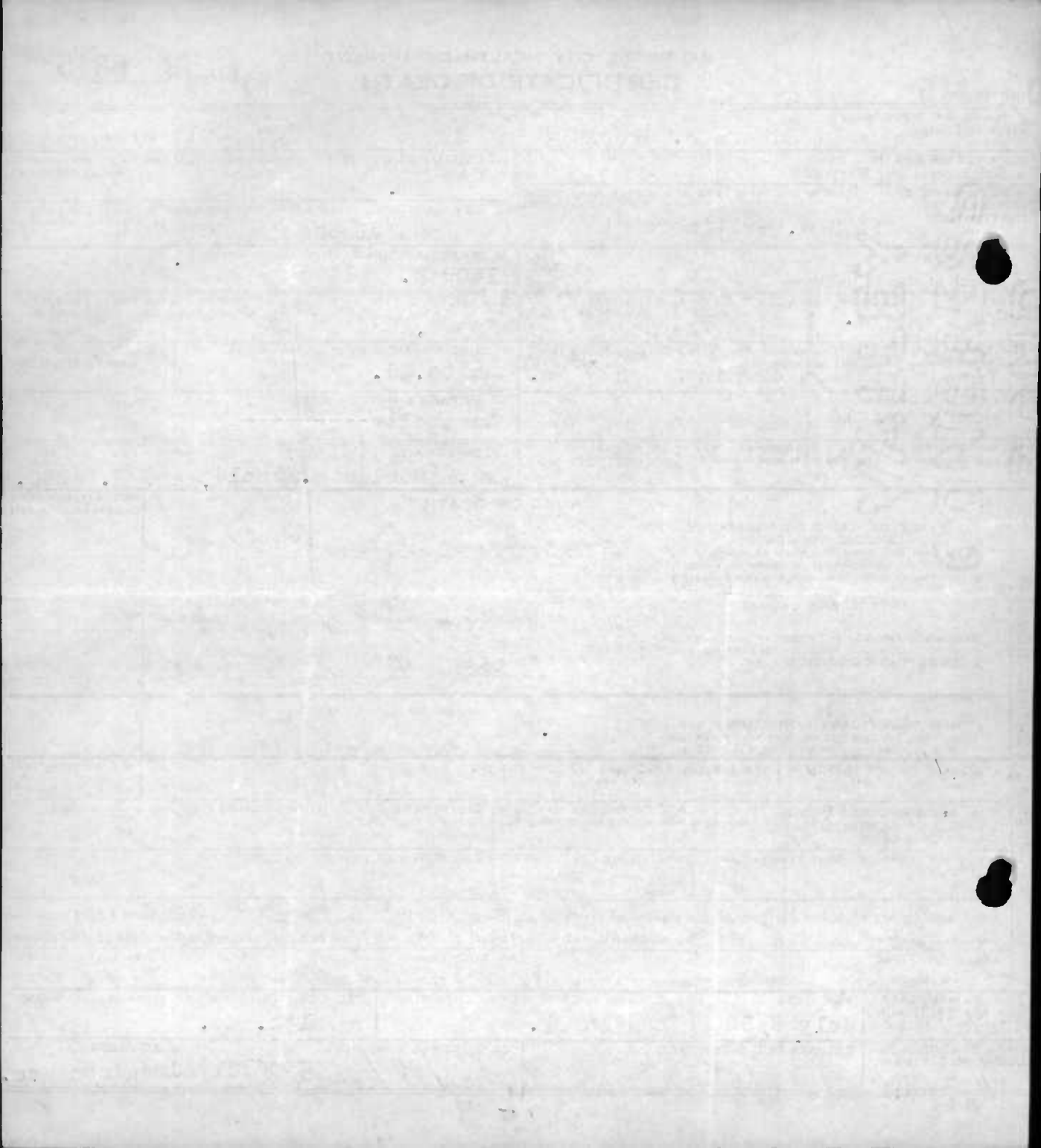
18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Business Personal Disease DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Acute Capillary Endocarditis DUE TO Acute Myocarditis		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from June 30, 1952 , to July 5, 1952 , that I last saw the deceased alive on July 5, 1952 , and that death occurred at 1:45 m., from the causes and on the date stated above.				
23A. SIGNATURE James K. McElroy		23B. ADDRESS 1050 L. Avenue		23C. DATE SIGNED 7-7-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE July 9/52	24C. NAME OF CEMETERY OR CREMATORY Loudon Pk.	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR JUL 7-1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Harry A. Witzke	ADDRESS 4101 Edmondson Ave.

690 486 B 1 2

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered **52** **6316**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) PABLO ALEGRE			2. DATE OF DEATH July 3, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 28th - 9th		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Hillsdale Country Club			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 400 Edgedale Road		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH June 7, 1893	9. AGE (In years last birthday) 59	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) ✓		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Helen Alegre 400 Edgedale Rd		

18. E974X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Asphyxia due to hanging (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES (B) DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Golf course		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Hillsdale Country Club	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY June 28, 1952		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Hanged self with rope tied to tree	

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley H. Denecher M.D.		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED July 4, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 7/6/52	24C. NAME OF CEMETERY OR CREMATORY new Cathedral	24D. LOCATION (City, town, or county) (State) Old Frederick		
DATE RECEIVED BY LOCAL REGISTRAR JUL 7 - 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR ADDRESS 4101 Edmonson Ave			

V S 151 **N 991 X**

MEDICAL CERTIFICATION

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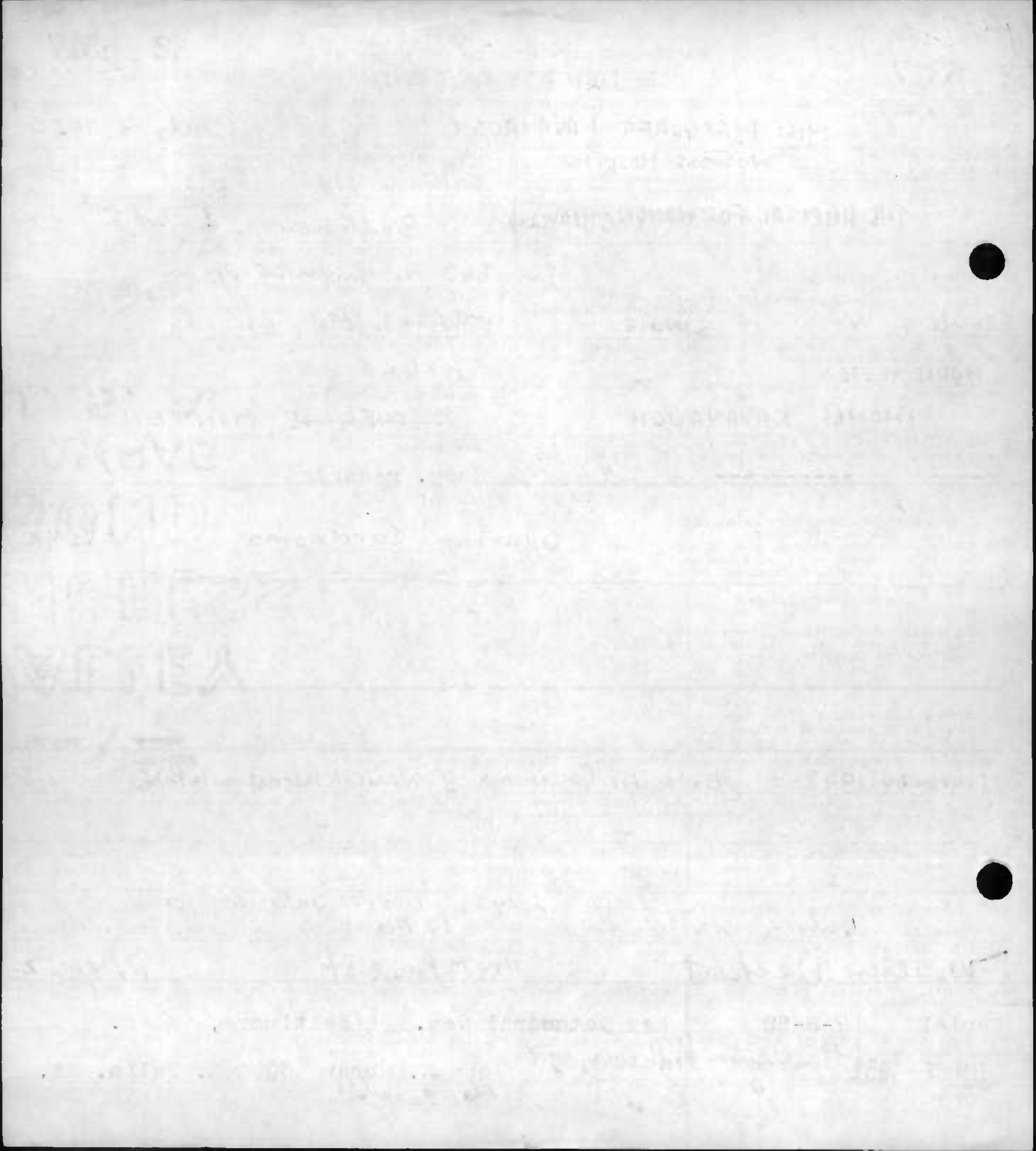
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6317
Registered No. 2-285-24

1. NAME OF DECEASED (Type or Print) MISS MARGARET KAVANAUGH			2. DATE OF DEATH July 4, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Womens Hospital			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Baltimore Md. B. COUNTY U.S.		
B. FULL NAME OF HOSPITAL OR INSTITUTION THE HOSPITAL FOR WOMEN of MARYLAND			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-07		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 647 W. University Pkway		
5. SEX Female	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH 3rd Aug. 3, 1890		9. AGE (in years last birthday) 61
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE KEEPER			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ireland
13. FATHER'S NAME THOMAS KAVANAUGH			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO. ??		
17. INFORMANT Hosp. records			ADDRESS		

18. 175X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Ovarian Carcinoma	CAUSE OF DEATH (A) Ovarian Carcinoma DUE TO	INTERVAL BETWEEN ONSET AND DEATH 3 1/2 yrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) - DUE TO	
(C) -		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. -		

19A. DATE OF OPERATION November 1948		19B. MAJOR FINDINGS OF OPERATION Extensive Carcinoma of ovaries metastatic in Peritoneum		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) -	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY -		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? -	
22. I hereby certify that I attended the deceased from July 2, 1952 to July 4, 1952 , that I last saw the deceased alive on July 4, 1952 and that death occurred at 12 Noon from the causes and on the date stated above.					
23A. SIGNATURE W. Allen Deckert		23B. ADDRESS 1114 St Paul St		23C. DATE SIGNED 7/4/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7-8-52		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. FUNERAL DIRECTOR John A. Moran		24F. ADDRESS 3000 E. Balto. St.	



420
2 6318

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6318

Registered No.

1. NAME OF DECEASED (Type or Print) Alexander P. Villez (Alexander P. Villez)		2. DATE OF DEATH 7/6/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore City	
B. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital of Maryland		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-05	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1609 Darley Ave. - 13, Md.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 21, 1895
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) maintenace man		10B. KIND OF BUSINESS OR INDUSTRY airplane manufacturing	9. AGE (In years last birthday) 57 If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME Edouardo Vellez		14. MOTHER'S MAIDEN NAME Mary Connelly	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) YES WWI		16. SOCIAL SECURITY NO. 212-07-4119	
17. INFORMANT 1609 Darley Avenue - 13		ADDRESS Mrs. Algia A. Vellez	

18. 162X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) metastatic carcinoma of adrenals and liver DUE TO (B) primary bronchiogenic carcinoma DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH unknown (several months)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 6/24/52		19B. MAJOR FINDINGS OF OPERATION bronchiogenic carcinoma metastasis to liver and peritoneal cavity from		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **6/16**, 19**52**, to **7/6**, 19**52**, that I last saw the deceased alive on **7/6**, 19**52**, and that death occurred at **1:40 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE Franklin L. Keller M. D.	23B. ADDRESS Lutheran Hospital	23C. DATE SIGNED 7/6/52
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24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 7/9/52	24C. NAME OF CEMETERY OR CREMATORY Baltimore National	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
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DATE RECEIVED BY LOCAL REGISTRAR JUL 7-1952	REGISTRAR'S SIGNATURE Huntington Williams, Md.	25. FUNERAL DIRECTOR HENRY SANDER & SONS, INC. BALTO. 13 MD.	ADDRESS 554 3T
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CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH

MASSACHUSETTS

1918

24



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 6319

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOUISE FEDOCK

2. DATE
OF
DEATH

July 5, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Sinai Hosp. of Balto

C. Length of stay in Baltimore

12

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto

Essex

D. STREET ADDRESS (If rural, give location)

405 Riverside Ave Road

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Apr. 28, 1911

9. AGE (in years
last birthday)

41

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Penna.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Gustav Miller

14. MOTHER'S MAIDEN NAME

Hermina Lemke

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

180-03-1710

17. INFORMANT 405 Riverside Ave 21

Mrs Michael Fedock

18. 560.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Hypertension - cause unknown

4 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Cerebral Vasc. Acc.?

(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive Cardiovascular disease

19A. DATE OF OPERATION

July 3, 1952

19B. MAJOR FINDINGS OF OPERATION

Ventral Hernia

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1952, to July 5, 1952, that I last saw the
deceased alive on July 5, 1952, and that death occurred at 1:30 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Malcolm L. Robbins M. D.

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

7/5/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

7/9/52

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

JUL 7 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.
BALTO., 13, MD.

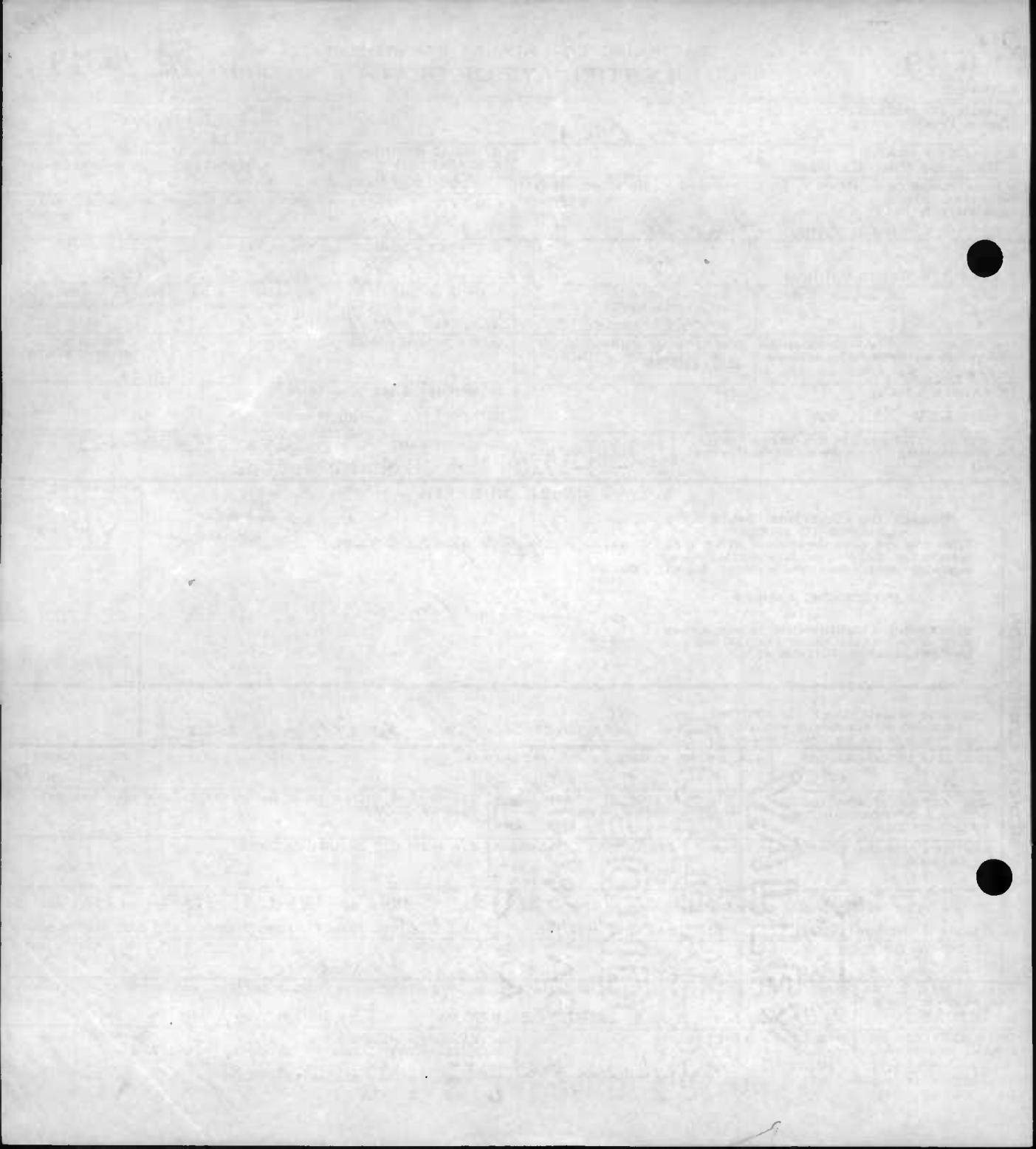
ADDRESS

Henry J. Sander

VS 150

10520006318

MEDICAL CERTIFICATION



100
52 6320

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6320
Registered No.

1. NAME OF DECEASED (Type or Print) Adelaide Isabelle Papp				2. DATE OF DEATH 7/5/52			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) U.S.P.H.S. Hospital Wyman Park Dr., Balti., Md.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore 6 yrs.				D. STREET ADDRESS (If rural, give location) 5310 Lynview Ave.,			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 18. 1917	9. AGE (In years last birthday) 34	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME John Myles				14. MOTHER'S MAIDEN NAME Isabelle ? Elizabeth McCaher			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Unk				16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Records U.S.P.H.S. Hospital, Balti., Md.	
18. 401.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Pulmonary infarction DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Rheumatic heart disease, mitral DUE TO Rheumatic fever, recurrent				INTERVAL BETWEEN ONSET AND DEATH less than 24 hrs unknown 26 yrs			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 7/5/52				19B. MAJOR FINDINGS OF OPERATION			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 5/31/52 , 19 52 , to 7/5 , 19 52 , that I last saw the deceased alive on 7/5/52 , 19 52 , and that death occurred at 6:55 P.m. , from the causes and on the date stated above.							
23A. SIGNATURE Henry E. Duncan, Jr.				23B. ADDRESS U.S.P.H.S. Hospital, Balti., Md.		23C. DATE SIGNED 7/6/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Crementation		24B. DATE July 8/52		24C. NAME OF CEMETERY OR CREMATORY Greenmount		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR JUL 7 - 1952		REGISTRAR'S SIGNATURE Huntington Wallis		25. FUNERAL DIRECTOR Long 12 yrs 5005 Park Heights Ave			

MEDICAL CERTIFICATION

220
52

REG-160546

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6321

BIRTH NO. 52-14679

1. NAME OF DECEASED (Type or Print) Baby Boy Sykes-Willia		2. DATE OF DEATH 6-28-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 17-01	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore life		D. STREET ADDRESS (If rural, give location) 616 George Street-1	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 27, 1952
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years, last birthday) 1
13. FATHER'S NAME Fred Sykes		14. MOTHER'S MAIDEN NAME Willia Mae Bootwright	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Records: B. C. H. 4940 Eastern Avenue		ADDRESS	

18. 762.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fetal Atolectasis		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Prematurity		
(B) DUE TO		
(C)		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED
21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **6-27**, **52**, to **6-28**, **52**, that I last saw the deceased alive on **6-28**, **1952**, and that death occurred at **10:20A.**, from the causes and on the date stated above.

23A. SIGNATURE *[Signature]* M. D. 23B. ADDRESS **4940 Eastern Avenue** 23C. DATE SIGNED **6-30-52**

24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation	24B. DATE 6-20-52	24C. NAME OF CEMETERY OR CREMATORY B.C.H. Crematory	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR JUL 7 - 1952	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR 6 3 1 8	ADDRESS

MEDICAL CERTIFICATION

STATE OF NEW YORK
 COUNTY OF ALBANY
 IN SENATE
 JANUARY 1, 1911
 REPORT OF THE
 COMMISSIONERS OF THE
 DEPARTMENT OF
 AGRICULTURE
 AND
 FORESTRY
 FOR THE YEAR
 1910

ALBANY: J. B. LIPPINCOTT & CO., PRINTERS.
 1911.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

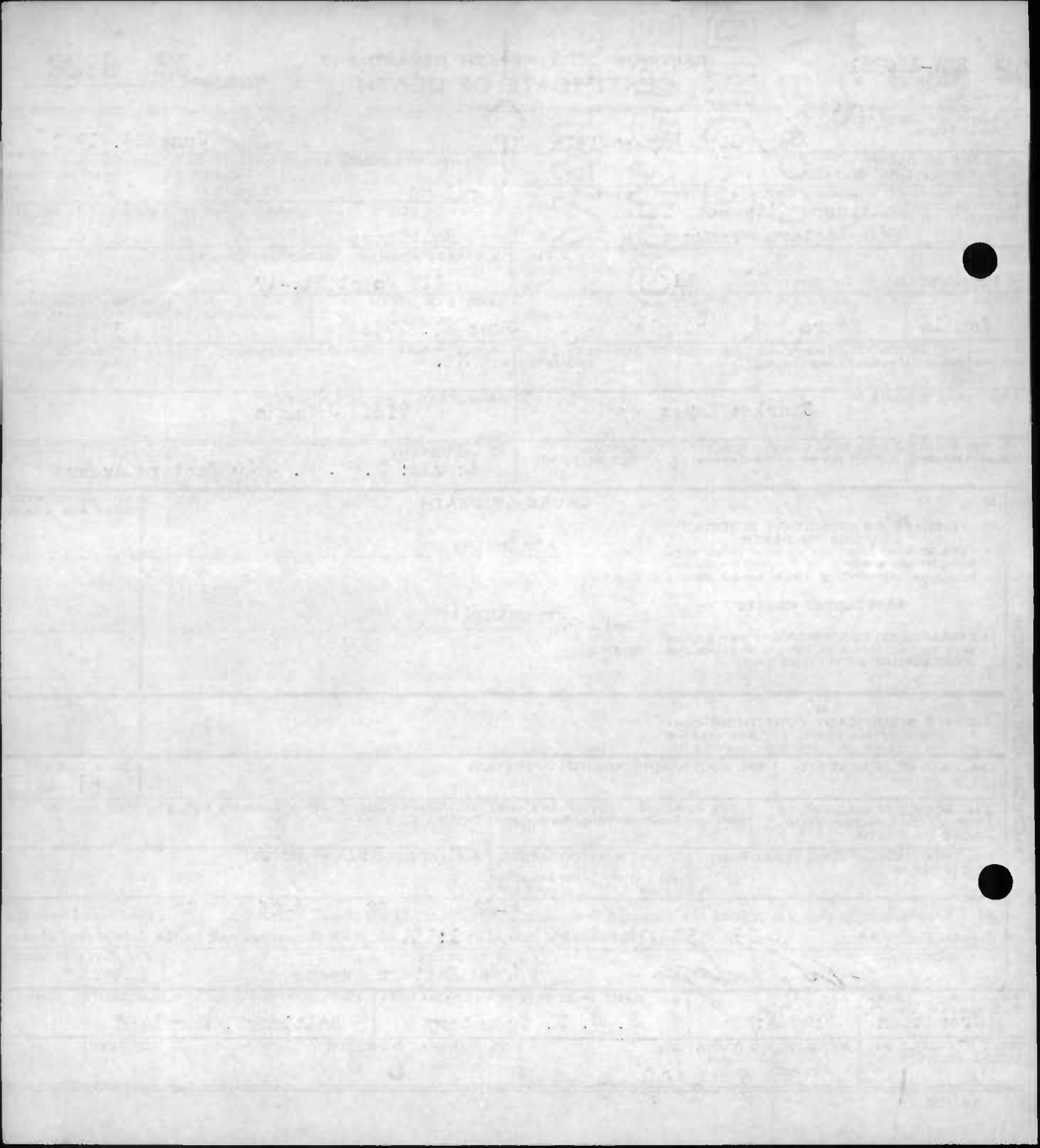
Registered No. **52 6322**

BIRTH NO. 52-12774		1. NAME OF DECEASED (Type or Print) Baby Girl Hayes*Viola		2. DATE OF DEATH June 25, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 217 Mount St.-17		5. SEX Female 6. COLOR OR RACE Negro 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single 8. DATE OF BIRTH June 22, 1952 9. AGE (In years last birthday) 3 If Under 1 Year: Months 3 Days 3 If Under 24 Hours: Hours 3 Min. 3			
C. Length of stay in Baltimore Life		10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Charles Hayes		14. MOTHER'S MAIDEN NAME Viola Johnson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Records: B. C. H. 4940 Eastern Avenue	

18. 762.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Atalectasis DUE TO Prematurity		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) (Minute) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-22 , 19 52 , to 6-25 , 19 52 , that I last saw the deceased alive on 6-25 , 19 52 and that death occurred at 1:15A m., from the causes and on the date stated above.					
23A. SIGNATURE C. S. Progen		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 6-30-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 6-28-52 TIME 9:00 A:M		24C. NAME OF CEMETERY OR CREMATORY B. C. H. Crematory		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR JUL 7 - 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS 006319			



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6323**

BIRTH NO. 52-1455-1		1. NAME OF DECEASED (Type or Print) Baby Boy Wilder-Bertha		2. DATE OF DEATH June 26, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY V-35			
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 319 8th St. Beaver Falls Pa.			
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 24, 1952	9. AGE (In years last birthday) 2	If Under 1 Year Months: 2 Days: 2 Hours: 19 Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME Joseph Wilder		14. MOTHER'S MAIDEN NAME Bertha Earley		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Records: B. C. H. 4940 Eastern Avenue	

18. 760.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Subarachnoid Hemorrhage DUE TO		INTERVAL BETWEEN ONSET AND DEATH Life
ANTECEDENT CAUSES (B) Prematurity DUE TO		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 7/1/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-24-52 , to 6-26-52 , that I last saw the deceased alive on 6-26-52 , and that death occurred at 3:30 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE <i>J. S. Crogen</i>		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 6-30-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 6-30-52		24C. NAME OF CEMETERY OR CREMATORY B. C. H. Crematory		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
---	--	-----------------------------	--	---	--	--	--

DATE RECEIVED BY LOCAL REGISTRAR JUL 7 - 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR ADDRESS	
---	--	---	--	------------------------------	--

1951

CERTIFICATE OF DEATH

DATE OF DEATH

PLACE OF DEATH

NAME OF DECEASED

AGE

SEX

CAUSE OF DEATH

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

SEX

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

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DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

SEX

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6324

1. NAME OF DECEASED (Type or Print) <i>Peter Eugene Johnson</i>		2. DATE OF DEATH <i>6/9/52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Providence Hosp. Tai</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Glyndon</i>	
C. Length of stay in Baltimore <i>2</i> Yrs. <i>2</i> Mos. <i>2</i> Days		D. STREET ADDRESS (If rural, give location) <i>St. Paul Ave. 5200</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>Negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>6/7/52</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME <i>Harter A. Johnson</i>		11. BIRTHPLACE (State or foreign country) <i>Balto, Md.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>MAY E. MACK</i>	
17. INFORMANT <i>Mother</i>		ADDRESS <i>See above</i>	

18. *762.0* I CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) *Atelectasis*

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) *Pulmonary Edema (Massive)*19A. DATE OF OPERATION *7/1/52* 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ 21F. HOW DID INJURY OCCUR?22. I hereby certify that I attended the deceased from *6/7*, 19*52*, to *6/9*, 19*52*; that I last saw the deceased alive on *6/9*, 19*52*, and that death occurred at *1000* a.m., from the causes and on the date stated above.23A. SIGNATURE *John H. Holmes III* M. D. 23B. ADDRESS *927 N. Monroe* 23C. DATE SIGNED *6/9/52*24A. BURIAL, CREMATION, REMOVAL (Specify) 24B. DATE 24C. NAME OF CEMETERY OR CREMATORY *West Blandwood* 24D. LOCATION (City, town, or county) (State)DATE RECEIVED BY LOCAL REGISTRAR *JUL 7 - 1952* REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* 25. FUNERAL DIRECTOR ADDRESS

1934-35

STATE OF CALIFORNIA

CERTIFICATE OF DEATH

1934-35

1934-35

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

52 6325

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 760.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK22. I hereby certify that I attended the deceased from 6-22-1952 to 6-24-1952 that I last saw the
deceased alive on 6-24-1952 and that death occurred at 12:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

CERTIFICATE OF DEATH

NAME OF DECEASED

AGE

SEX

RACE

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF INTERMENT

PLACE OF INTERMENT

NAME OF FUNERAL HOME

NAME OF MINISTER

NAME OF CLERGYMAN

NAME OF CHURCH

NAME OF CEMETERY

NAME OF BURIAL

NAME OF CREMATION

NAME OF CREMATION

NAME OF CREMATION

NAME OF CREMATION

NAME OF CREMATION

NAME OF CREMATION

NAME OF CREMATION

NAME OF CREMATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6326**

150
52 6326
BIRTH NO. **52-14769**

1. NAME OF DECEASED (Type or Print) Baby Boy Fabian			2. DATE OF DEATH June 19, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland H L & Preme			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 17 S. Randolph St.		
5. SEX male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 6-12-52		9. AGE (in years last birthday) 7 If Under 1 Year: Months: 7 Days: 7 If Under 24 Hours: Hours: 7 Min: 7
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) md.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Walter Fabian			14. MOTHER'S MAIDEN NAME Rosa		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL		

18. 760.5 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Intracranial hemorrhage life		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO prematurity - 1320 grams life		
(B) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) DUE TO
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 21		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-12 , 19 52 , to 6-19 , 19 52 that I last saw the deceased alive on 6-19 , 19 52 and that death occurred at 645 PM , from the causes and on the date stated above.					
23A. SIGNATURE Robert E. Appleby		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED JUNE 23, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
DATE RECEIVED BY LOCAL REGISTRAR JUL 7-1952		REGISTRAR'S SIGNATURE Wilmington Williams, M.D.		25. FUNERAL DIRECTOR ADDRESS Hospital Disposal	

MEDICAL CERTIFICATION

2022

STATE OF TEXAS
DEPARTMENT OF HEALTH

11/11/22

[Faint, illegible text and markings on a form, possibly a death certificate or medical record. The text is mirrored and difficult to decipher.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 6327

1. NAME OF DECEASED (Type or Print) MARSHALL		2. DATE OF DEATH July 6, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 650 Bond Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Sept 8 - 1890
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY unskilled labor	9. AGE (In years last birthday) 61 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME Robert Caradine		14. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 2	
17. INFORMANT Ruth Conley		ADDRESS Baltimore	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease DUE TO (A) _____ (B) _____ (C) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (A) _____ (B) _____ (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
---	----------------------------------

19A. DATE OF OPERATION 7-7-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R. F. Frake	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED 7/7/52
--------------------------------------	---	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE July 7-52	24C. NAME OF CEMETERY OR CREMATORY Chesler	24D. LOCATION (City, town, or county) (State) Chesler Md.
---	-------------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR JUL 7-1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Service Co. Army - Camb. Ind.	ADDRESS
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MEDICAL CERTIFICATION

High 8 1/2 ft

4500 2nd 1000 1000 1000

unknown

Great Caroline

1000 1000 1000 1000

1000

1000 1000 1000 1000

1000 1000 1000 1000

52 6328

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6328

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PAUL

JOHNSON

2. DATE
OF
DEATH

June 2, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Baltimore City Morgue

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

No Home

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

40

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

Unknown

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Unknown

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Unknown

18. E929.8

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Asphyxia

DUE TO Drowning--Found Drowned

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

harbor

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Lancaster Street and Central Avenue

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

Found 6/2/52 10:50 A. M.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

found drowned

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

J. B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒

23C. DATE SIGNED

ASSISTANT MEDICAL EXAMINER.....☐

6/2/52

24. MEDICAL INVESTIGATOR.....☐24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JOHN HOPKINS MEDICAL SCHOOL JUN 12 1952

25. FUNERAL DIRECTOR

ADDRESS

JUL 7 - 1952

Huntington Williams, Jr.

Commissioner of Health

N 990X

STATE OF NEW YORK
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Birth		5. Date of Death	
6. Place of Birth		7. Occupation		8. Cause of Death		9. Manner of Death		10. Signature of Physician	
11. Signature of Registrar		12. Signature of Coroner		13. Signature of Medical Examiner		14. Signature of Health Officer		15. Signature of Funeral Home	
16. Signature of Burial Place		17. Signature of Cemetery		18. Signature of Interment		19. Signature of Burial		20. Signature of Burial	
21. Signature of Burial		22. Signature of Burial		23. Signature of Burial		24. Signature of Burial		25. Signature of Burial	
26. Signature of Burial		27. Signature of Burial		28. Signature of Burial		29. Signature of Burial		30. Signature of Burial	
31. Signature of Burial		32. Signature of Burial		33. Signature of Burial		34. Signature of Burial		35. Signature of Burial	
36. Signature of Burial		37. Signature of Burial		38. Signature of Burial		39. Signature of Burial		40. Signature of Burial	
41. Signature of Burial		42. Signature of Burial		43. Signature of Burial		44. Signature of Burial		45. Signature of Burial	
46. Signature of Burial		47. Signature of Burial		48. Signature of Burial		49. Signature of Burial		50. Signature of Burial	
51. Signature of Burial		52. Signature of Burial		53. Signature of Burial		54. Signature of Burial		55. Signature of Burial	
56. Signature of Burial		57. Signature of Burial		58. Signature of Burial		59. Signature of Burial		60. Signature of Burial	
61. Signature of Burial		62. Signature of Burial		63. Signature of Burial		64. Signature of Burial		65. Signature of Burial	
66. Signature of Burial		67. Signature of Burial		68. Signature of Burial		69. Signature of Burial		70. Signature of Burial	
71. Signature of Burial		72. Signature of Burial		73. Signature of Burial		74. Signature of Burial		75. Signature of Burial	
76. Signature of Burial		77. Signature of Burial		78. Signature of Burial		79. Signature of Burial		80. Signature of Burial	
81. Signature of Burial		82. Signature of Burial		83. Signature of Burial		84. Signature of Burial		85. Signature of Burial	
86. Signature of Burial		87. Signature of Burial		88. Signature of Burial		89. Signature of Burial		90. Signature of Burial	
91. Signature of Burial		92. Signature of Burial		93. Signature of Burial		94. Signature of Burial		95. Signature of Burial	
96. Signature of Burial		97. Signature of Burial		98. Signature of Burial		99. Signature of Burial		100. Signature of Burial	

312

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6329

Registered No.

52 6329

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Isaiah Stroh

2. DATE
OF
DEATH

June 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Ortho. Hal 28

B. FULL NAME OF
HOSPITAL OR
INSTITUTION(If not in hospital or institution, give street address or location)
JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Baltimore 5-01
109 Wisconsin St

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

5-20-97

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

JOHNS HOPKINS HOSPITAL

ADDRESS

✓

18. 022X and 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Tuberculosis, generalized

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Aortic Aneurysm

DUE TO

(C) Lues

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerosis, generalized

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

None

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

None

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

None

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

None

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

None

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

None

22. I hereby certify that I attended the deceased from 6-8, 1952, to 6-13, 1952, that I last saw the
deceased alive on 6-13, 1952, and that death occurred at 4:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Georgie G. Justice

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

6-14-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 7 - 1952

State Anatomical

Commissioner of Health

F. J. S. 100-1

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

STATE OF TEXAS

COUNTY OF DALLAS

IN SENATE
JANUARY 10, 1961
REPORT OF THE
COMMISSIONER OF THE
DEPARTMENT OF
CORRECTIONS

39 State Anatomical

52-6330

52 6330

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6330

1. NAME OF DECEASED (Type or Print) <i>Mary Smith</i>		2. DATE OF DEATH <i>June 16, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residencee before admission) A. STATE <i>md.</i> B. COUNTY <i>3-01</i>	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 3-01</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>13 S. Bond St.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>2-1-87</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) <i>65</i>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>?</i>	
13. FATHER'S NAME <i>?</i>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		14. MOTHER'S MAIDEN NAME <i>?</i>	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	

18. <i>550.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH <i>Cerebral Vascular Accident</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 hours</i>	
ANTECEDENT CAUSES		(A) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO		<i>1 week</i>	
		(C) DUE TO		<i>1 week</i>	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION <i>6-12-52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Appendicitis & Appendiceal Abscess</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER LYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6-12, 1952</i> , to <i>6-16, 1952</i> , that I last saw the deceased alive on <i>6-16, 1952</i> and that death occurred at <i>4:30 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>[Signature]</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>6/16/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
				24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 7 - 1952</i>					
REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Huntington Williams, M.D.</i>		ADDRESS	

420
52 6331BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6331
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM

WELLS

2. DATE
OF
DEATH

6/12/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR
INSTITUTION

BAR-WIL-BA CONVALECENT

C. Length of stay in Baltimore

50 yrs.

5. SEX

Male

6. COLOR OR RACE

Cal

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Yrs.
Mos.
Days

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Elizabeth W. Tilly, 2101 W. 1st St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Coronary occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

Generalized Arteriosclerosis 2 yrs

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

INJURY

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐22. I hereby certify that I attended the deceased from 5/28/1952, to 6/12/1952, that I last saw the
deceased alive on 5/28/1952, and that death occurred at 9:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

R. Weisburger, M.D.

23B. ADDRESS

512 Brooks Lane

23C. DATE SIGNED

6/13/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

UNIVERSITY MEDICAL SCHOOL JUN 19 1952

Huntington Williams, Commissioner of Health

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

NAME OF DECEASED John J. Smith
AGE 45 SEX M
DATE OF DEATH Jan 15 1941
PLACE OF DEATH Home

CAUSE OF DEATH Myocardial Infarction
DISEASE OR INJURY Coronary Artery Disease
IMMEDIATE CAUSE OF DEATH Heart Failure

DATE OF BIRTH Nov 15 1895
PLACE OF BIRTH Baltimore, Md.
OCCUPATION Engineer

EDUCATION High School
MARRIAGE Married
SPOUSE'S NAME John J. Smith

DECEASED'S RESIDENCE 1234 Main St.
DECEASED'S OCCUPATION Engineer
DECEASED'S SOCIAL SECURITY NUMBER 123-45-6789

DECEASED'S MARITAL STATUS Married
DECEASED'S RELIGION Catholic
DECEASED'S RACE White

DECEASED'S SEX Male
DECEASED'S COLOR White
DECEASED'S HEIGHT 5' 8"

DECEASED'S WEIGHT 175 lbs.
DECEASED'S HAIR Brown
DECEASED'S EYES Blue

DECEASED'S BUILD Medium
DECEASED'S TENDENCY TO BLOOD Normal
DECEASED'S TENDENCY TO DISEASE Normal

DECEASED'S TENDENCY TO INFECTION Normal
DECEASED'S TENDENCY TO CANCER Normal
DECEASED'S TENDENCY TO TUBERCULOSIS Normal

DECEASED'S TENDENCY TO DIABETES Normal
DECEASED'S TENDENCY TO HYPERTENSION Normal
DECEASED'S TENDENCY TO ASTHMA Normal

DECEASED'S TENDENCY TO GOUT Normal
DECEASED'S TENDENCY TO RHEUMATISM Normal
DECEASED'S TENDENCY TO PSYCHIC DISEASE Normal

DECEASED'S TENDENCY TO EPILEPSY Normal
DECEASED'S TENDENCY TO PARALYSIS Normal
DECEASED'S TENDENCY TO OTHER DISEASE Normal

DECEASED'S TENDENCY TO OTHER DISEASE Normal
DECEASED'S TENDENCY TO OTHER DISEASE Normal
DECEASED'S TENDENCY TO OTHER DISEASE Normal

DECEASED'S TENDENCY TO OTHER DISEASE Normal
DECEASED'S TENDENCY TO OTHER DISEASE Normal
DECEASED'S TENDENCY TO OTHER DISEASE Normal

635
52 6332

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6332
Registered No.

BIRTH NO. 32-15774		2. DATE OF DEATH JULY 4, 1952	
1. NAME OF DECEASED (Type or Print) BABY WORTHINGTON			
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY Harford	
B. FULL NAME OF (If not in hospital or institution, give street address or location) UNION MEMORIAL HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BEL AIR	
C. Length of stay in Baltimore 8 Yrs. 2 Mos. 2 Days		D. STREET ADDRESS (If rural, give location) 788 M 6200	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) SINGLE	8. DATE OF BIRTH JULY 2, 1952
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NEWBORN		10B. KIND OF BUSINESS OR INDUSTRY —	9. AGE (In years last birthday) 0 2 If Under 1 Year: Months: Days: Hours: Min.
11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME RICHARD WILLS WORTHINGTON		14. MOTHER'S MAIDEN NAME HAZEL HAWKINS	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	
17. INFORMANT MOTHER		ADDRESS BEL AIR, MD.	

18. 754.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Congenital Heart Disease DUE TO (B) ... DUE TO (C) ...	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) ... DUE TO (C) ...		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 7	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **JULY 3, 1952** to **JULY 4, 1952** that I last saw the deceased alive on **JULY 4, 1952**, and that death occurred at **10:51 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE **Leslie D. Hubbard** M. D. 23B. ADDRESS **Union Memorial Hosp. Balt.** 23C. DATE SIGNED **July 5, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **July 7/52** 24C. NAME OF CEMETERY OR CREMATORY **Darlington** 24D. LOCATION (City, town, or county) (State) **Darlington Harford Md**

DATE RECEIVED BY LOCAL REGISTRAR **JUL 7 - 1952** REGISTRAR'S SIGNATURE **Huntington Williams** 25. FUNERAL DIRECTOR **Joseph T. Futer** ADDRESS **Bel Air Md**

MEDICAL CERTIFICATION

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 6333

BIRTH NO. 52 6333

1. NAME OF DECEASED
(Type or Print)

Constance Shifflet

2. DATE
OF
DEATH

7/4/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Maryland Gen. Hosp.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

wh.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Anne Arundel

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

N. Linthicum

D. STREET ADDRESS (If rural, give location)

71 Annapolis Rd

5200

8. DATE OF BIRTH

June 3, 1917

9. AGE (In years last birthday)

5

If Under 1 Year Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)

Md

12. CITIZEN OF
WHAT COUNTRY?

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Irvin Shifflet

14. MOTHER'S MAIDEN NAME

Melvina Taylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Melvina Shifflet 71 Annapolis Rd.

18. 510.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral embolism

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Post op. T & A.

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Med. post op. Hard bleeding

19A. DATE OF OPERATION

7/3/52

19B. MAJOR FINDINGS OF OPERATION

Hypertrophied Tonsils & adenoids.

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/3, 1952, to 7/4, 1952, that I last saw the deceased alive on 7/4, 1952, and that death occurred at 7:35 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. E. Bryant

23B. ADDRESS

Md. Gen. Hosp.

23C. DATE SIGNED

7/4/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

July 7, 1952

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven Mem. Pk. Ritchie Hwy. A. A. Co.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

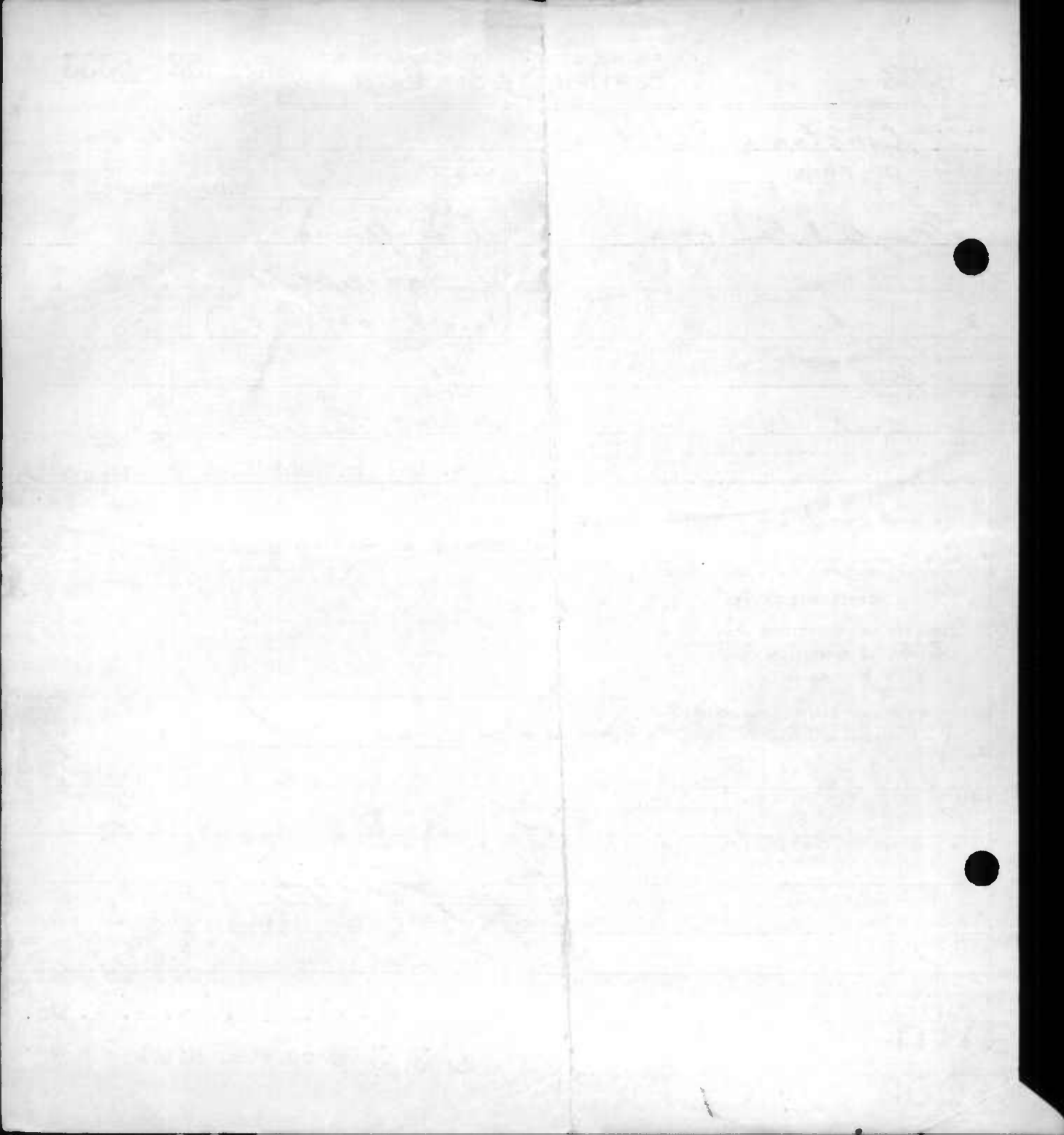
REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

George J. Gonce 4001 Ritchie Hwy Md.



52 6334

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6334

1. NAME OF DECEASED (Type or Print) GERALDINE BARNETT			2. DATE OF DEATH July 4, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 16-01		
5. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
6. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 1230 W. Lanvale Street		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 3-22-1907		9. AGE (In years last birthday) 45
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife			10B. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country)
13. FATHER'S NAME Howard Brown			14. MOTHER'S MAIDEN NAME Cecilia M^{rs} 932		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Lester Barnett 1230 W. Lanvale St		

18. **171X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Carcinoma of the cervix**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from **Autopsy, Inspection or Inquiry** the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

July 5, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATOR

24D. LOCATION (City, town, or county) (State)

Burial**7/8-1952****Mt Auburn Cem. Balto****Md**

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 8-1952**Huntington Williams, MD****Charles G. Cooper****512 N. Carrollton ave.**

1950

12

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

1950

[Faint, illegible text throughout the page, likely bleed-through from the reverse side. Some fragments are visible:]

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340

52 6335

52 6335

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LILLIAN MEDLEY			2. DATE OF DEATH JULY 5, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1505 BREVARD STREET			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 14-01		
c. Length of stay in Baltimore 35 yrs.			d. STREET ADDRESS (If rural, give location) 1505 BREVARD STREET		
5. SEX Female	6. COLOR OR RACE COLORED	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 29, 1897		9. AGE (in years last birthday) 55
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE			11. BIRTHPLACE (State or foreign country) NORTH CAROLINA		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME CARTER BELLEMY			14. MOTHER'S MAIDEN NAME IDA PITTS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT ADDRESS ANDREW MEDLEY 1505 BREVARD STREET		

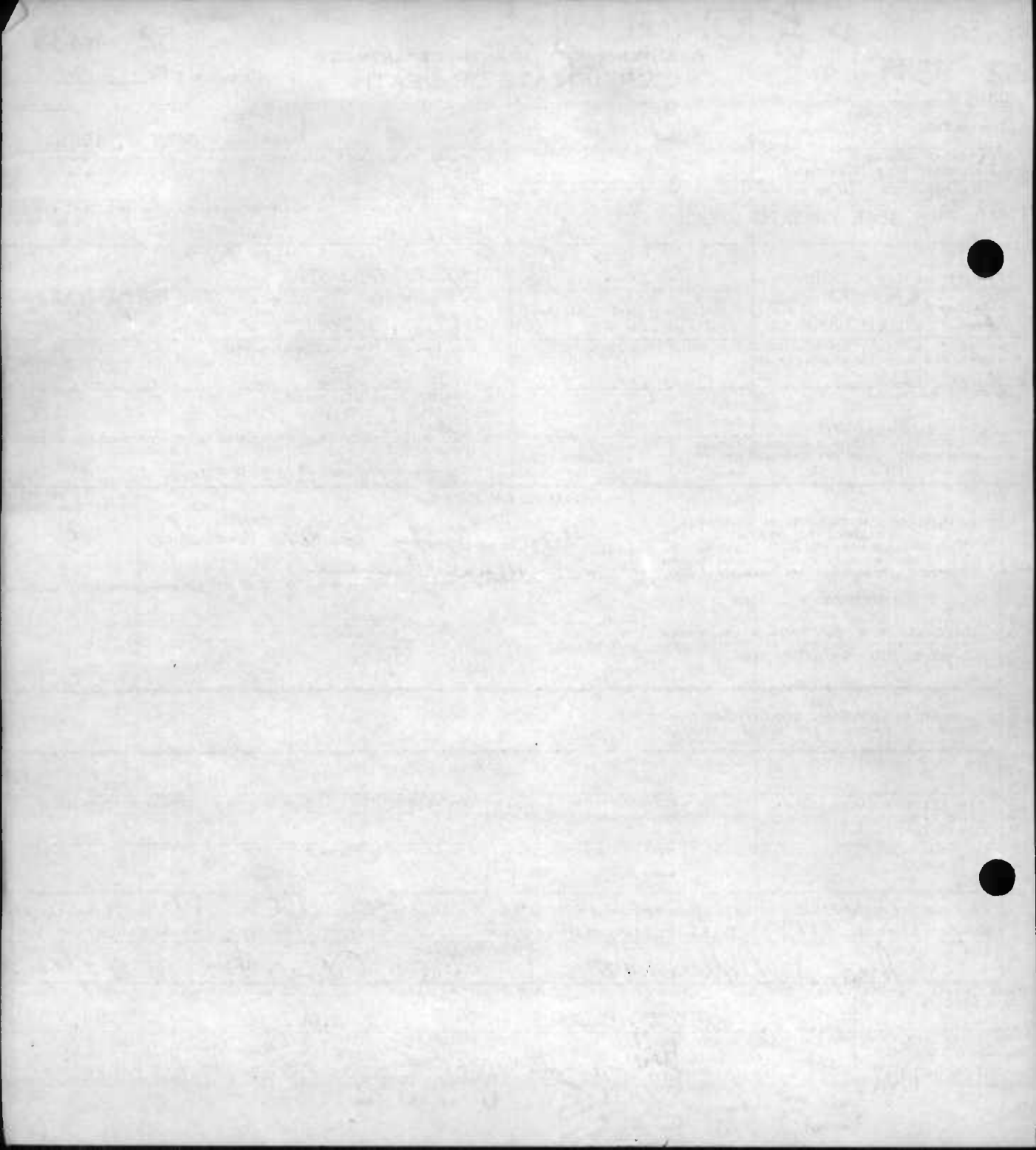
18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerosis of the Cardiac - Vascular Renal Disease		INTERVAL BETWEEN ONSET AND DEATH ?
18. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4/8 , 19 44 , to 7/5 , 19 52 , that I last saw the deceased alive on 7/5 , 19 52 , and that death occurred at m. , from the causes and on the date stated above.					
23a. SIGNATURE Joseph S. Blum M.D.		23b. ADDRESS 1115 N. Calver St		23c. DATE SIGNED 7/7/52	

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE JULY 8, 1952		24c. NAME OF CEMETERY OR CREMATORY MT. CALVARY		24d. LOCATION (City, town, or county) (State) A.CO. MD.	
DATE RECEIVED BY LOCAL REGISTRAR JUL 8 - 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Rayner Sanders		ADDRESS 217 E. PRESTON STREET	

VS 150

MEDICAL CERTIFICATION



52 6336

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6336
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nehemiah Altman

2. DATE
OF
DEATH

July 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONRochester Court Apts Apt A. 1
BROOKS LANE & LINDEN AVENUEC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 13-01

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

Rochester Court Apts Apt A. 1

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 25, 1897

9. AGE (In years
last birthday)

55

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Office Manager

10B. KIND OF BUSINESS OR
INDUSTRY

CLOTHING

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Nehemiah Altman

14. MOTHER'S MAIDEN NAME

Belle Jacobi

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.
216-09-6334

17. INFORMANT

ADDRESS

Mrs Hilda Altman Rochester Court Apt Apt A

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(A) Acute pulmonary edema 1 hour.
DUE TO Arteriosclerosis, generalized 5 years.
(B) Hypertension 8 years.
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK22. I hereby certify that I attended the deceased from Oct. 1947, to July 6, 1952, that I last saw the
deceased alive on 6 July, 1952, and that death occurred at 6:35 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Louis V. Huntington

23B. ADDRESS

1207 Entaw Place

23C. DATE SIGNED

7 July 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

July 8, 1952

24C. NAME OF CEMETERY OR CREMATORY

Oheb Shalom Cemetery

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

JUL 8 - 1952

REGISTRAR'S SIGNATURE

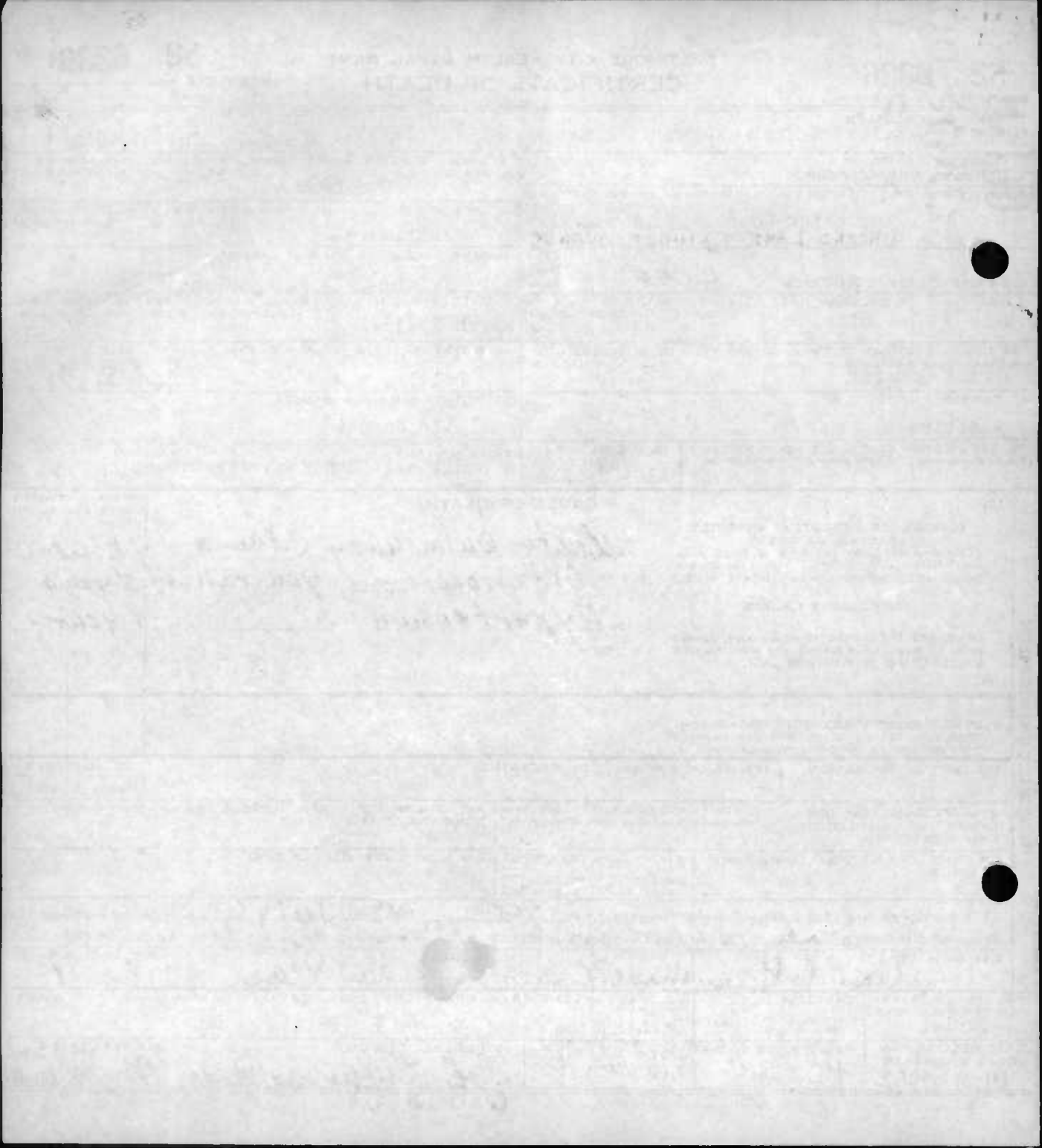
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Sol Lewinson Bros

ADDRESS

1126 W North Ave



150

52 6337
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6337
Registered No.

1. NAME OF DECEASED (Type or Print) Rachel Levine			2. DATE OF DEATH July 7, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION 4506 Sorrento Ave			C. CITY OR TOWN Baltimore		
C. Length of stay in Baltimore 55 Yrs			D. STREET ADDRESS (If rural, give location) 1715 W North Ave		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 1882	9. AGE (in years, last birthday) 70	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Russia	
13. FATHER'S NAME Schlesinger			12. CITIZEN OF WHAT COUNTRY?		
14. MOTHER'S MAIDEN NAME Unknown			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		
16. SOCIAL SECURITY NO.			17. INFORMANT Mrs Max Cohen 2400 Reisterstown Road		

18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Chronic Myocarditis DUE TO (B) Atherosclerotic Cardiovascular Renal Disease. DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 27, 1952, to July 7, 1952, that I last saw the deceased on July 5, 1952, and that death occurred at 4:20 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Arnold Wolfe		23B. ADDRESS 1331 E. North Ave		23C. DATE SIGNED 7-7-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE July 8, 1952	24C. NAME OF CEMETERY OR CREMATORY Hebrew Friendship Cemetery	24D. LOCATION (City, town, or county) Baltimore Md
DATE RECEIVED BY LOCAL REGISTRAR JUL 8 - 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Sol Reversons Bros	ADDRESS 1126 W North Ave

100

52 6338
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6338
Registered No.

1. NAME OF DECEASED (Type or Print) <i>John F. Zell</i>			2. DATE OF DEATH <i>7/6/52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>813 1/2 W. Lombard St</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto. 18-03</i>		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>813 1/2 W. Lombard St.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>4/14/1866</i>		9. AGE (In years last birthday) <i>86</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Painting</i>		11. BIRTHPLACE (State or foreign country) <i>Pa.</i>	
13. FATHER'S NAME <i>John F. Zell</i>			14. MOTHER'S MAIDEN NAME <i>Sarah (Unknown)</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT <i>John C. Weiss</i>	
				ADDRESS <i>WI 1161</i>	

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Acute Endocarditis</i> DUE TO (B) <i>Generalized Arteriosclerosis</i> DUE TO <i>Cardiovascular Disease</i> (C) _____		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i> <i>10 yr</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION <i>7/6/52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>5/8/42</i> , 19 <i>42</i> , to <i>7/6/52</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>7/6</i> , 19 <i>52</i> , and that death occurred at <i>2:30 p.m.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Joseph L. Caulfield, M.D.</i>		23B. ADDRESS <i>629 Washington Blvd</i>		23C. DATE SIGNED <i>7/7/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>7/8/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Moreland Park</i>	
		24D. LOCATION (City, town, or county) (State) <i>Parkville Md.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 8 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>6th St. Paul St.</i>	
				ADDRESS	

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 6339
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Elizabeth Rutkowski

2. DATE
OF
DEATH

July 6/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

312 S. Ann St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

312 S. Ann St

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May

9. AGE (In years last birthday)

76

If Under 1 Year Months Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Martin Gajewski

14. MOTHER'S MAIDEN NAME

Unk.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknowns) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Albert Rutkowski

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Thrombosis

8 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arteriosclerotic Heart Disease 2 yrs

DUE TO

(C)

Generalized Arteriosclerosis

?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 4/11, 1951, to 7/6, 1952, that I last saw the deceased alive on 7/6, 1952, and that death occurred at 5:21 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

July 10/52

St. Stanislaus

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 8 - 1952

Huntington Williams, M.D.

Fred A. Ozazewski

VS 150

1930 Eastern Ave.

MEDICAL CERTIFICATION

Greeny Warden
John W. Warden
George W. Warden

1/10/24
1/10/24
1/10/24

42
6340
BTA-73598BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6340
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		Edward Ennells		6-10-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-12			
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) B. C. H. 4940 Eastern Avenue			
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH ? ? ?	9. AGE (In years last birthday) 80 ?	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md.	
13. FATHER'S NAME Henry Ennells		14. MOTHER'S MAIDEN NAME Emmeline ?			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS B. C. H. Records: 4940 Eastern Avenue	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cerebral Vascular Accident DUE TO ANTECEDENT CAUSES (B) Auricular Fibrillation DUE TO (C) Hypertensive Arteriosclerotic Cardiovascular Disease OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH 1 mo. 10 yrs. 15 yrs.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4-28 42 to 6-10 52, that I last saw the deceased alive on 6-10 19 52, and that death occurred at 6:55 P. m., from the causes and on the date stated above.					
23A. SIGNATURE C. S. Dozer		23B. ADDRESS M. D. 4940 Eastern Avenue		23C. DATE SIGNED 6-24-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
				24D. LOCATION (City, town, or county) (State)	
DATE RECEIVED BY LOCAL REGISTRY JUL 8 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, MD		25. FUNERAL DIRECTOR Commissioner of Health	

Source: *Author's calculations*.

10

52 6341

52 6341

3 REA-16094

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Katherine Schubert

2. DATE
OF
DEATH June 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR Baltimore City Hospitals
INSTITUTION 4940 Eastern Avenue4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 26-12D. STREET ADDRESS (If rural, give location)
Baltimore City Hospitals 4940 Eastern Ave.

c. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

March 1, 1876

9. AGE (In years
last birthday)

76

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Bostick

14. MOTHER'S MAIDEN NAME

Hester Neal

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Records: B. C. H. 4940 Eastern Avenue

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Vascular accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Arteriosclerotic vascular accident
with Carcinoma of stomach

(C)

23 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-8, 1931, to 6-9, 1952, that I last saw the
deceased alive on 6-9, 1952, and that death occurred at 5:40P m., from the causes and on the date stated above.

23A. SIGNATURE

J. B. O'Brien

M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

6-24-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL JUN 26 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

ADDRESS

Commissioner of Health

JUL 8 - 1952

VS 150

195-20

C.H.H.

MEDICAL CERTIFICATION

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

100-1000

52 6342
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6342
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
DENNIS BRADLEY		June 16, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		A. STATE Md.	
Baltimore City Morgue		B. COUNTY	
C. Length of stay in Baltimore		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
U		Baltimore	
D. STREET ADDRESS (If rural, give location)		4-01	
160 N. Gay St.			
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Male	White	N	72
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
	W	N	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
N		W	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
(If yes, give war or dates of service)			
17. INFORMANT		ADDRESS	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) Arteriosclerotic Cardiovascular disease DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) DUE TO (C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE <i>R. Fisher</i>	23B. CHIEF MEDICAL EXAMINER... ASSISTANT MEDICAL EXAMINER... MEDICAL INVESTIGATOR...	23C. DATE SIGNED June 16, 1952
------------------------------------	--	-----------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY UNIVERSITY MEDICAL SCHOOL	24D. LOCATION (City, town, or county) (State) JUL 1, 1952
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DATE RECEIVED BY LOCAL REGISTRAR JUL 8 - 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR Commissioner of Health	ADDRESS
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MEDICAL CERTIFICATION

1. The first step is to identify the problem or question that needs to be answered. This involves understanding the context and the specific requirements of the task.

650
52 6343BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6343

1. NAME OF DECEASED (Type or Print) JOSEPH GREEN		2. DATE OF DEATH June 17, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Maryland b. COUNTY Baltimore	
b. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		d. STREET ADDRESS (If rural, give location) 128 N. Exeter Street	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) N	8. DATE OF BIRTH 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY N	
13. FATHER'S NAME O W		14. MOTHER'S MAIDEN NAME N	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) N		16. SOCIAL SECURITY NO. W	
17. INFORMANT		ADDRESS	

18. **422.1**CAUSE OF DEATH^N

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Arteriosclerotic cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21a. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

23b. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23c. DATE SIGNED

June 17, 1952

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 8 - 1952

VS 151

UNIVERSITY MEDICAL SCHOOL JUL 1 1952

Commissioner of Health

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[Large block of faint, mostly illegible text occupying the bottom two-thirds of the page, likely the main body of a report or document.]

52 6344

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 6344

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN BRUCK SR

2. DATE
OF
DEATH

JULY 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland CITY HOSPITALS

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
CITY HOSPITALS

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write R.U.R. and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

3818 FOSTER AVE

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

APR 9, 1881

9. AGE (In years last birthday)

71

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

MEAT PACKER

10B. KIND OF BUSINESS OR INDUSTRY

ESSKAY CO.

11. BIRTHPLACE (State or foreign country)

AUSTRIA

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

DONT KNOW

14. MOTHER'S MAIDEN NAME

DONT KNOW

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

213-10-2514A

17. INFORMANT

ADDRESS

ANNA BRUCK 3818 FOSTER AV

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) Chn Myocarditis
DUE TO

May 1947

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis & Hypertension
DUE TO

1950

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 27, 1952, to May 5, 1952, that I last saw the deceased alive on May 5, 1952, and that death occurred at 10:00 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 8-1952

Huntington Williams, 2008 ORLEANS

VS 150

69040

MEDICAL CERTIFICATION

COMMUNICATIONS CENTER

1. NAME		2. ADDRESS	
3. CITY		4. STATE	
5. ZIP		6. PHONE	
7. FAX		8. TELETYPE	
9. E-MAIL		10. COMMENTS	
11. DATE		12. TIME	
13. BY		14. FOR	
15. INITIALS		16. SIGNATURE	
17. CHECK ONE		18. CHECK TWO	
19. CHECK THREE		20. CHECK FOUR	
21. CHECK FIVE		22. CHECK SIX	
23. CHECK SEVEN		24. CHECK EIGHT	
25. CHECK NINE		26. CHECK TEN	
27. CHECK ELEVEN		28. CHECK TWELVE	
29. CHECK THIRTEEN		30. CHECK FOURTEEN	
31. CHECK FIFTEEN		32. CHECK SIXTEEN	
33. CHECK SEVENTEEN		34. CHECK EIGHTEEN	
35. CHECK NINETEEN		36. CHECK TWENTY	
37. CHECK TWENTY-ONE		38. CHECK TWENTY-TWO	
39. CHECK TWENTY-THREE		40. CHECK TWENTY-FOUR	
41. CHECK TWENTY-FIVE		42. CHECK TWENTY-SIX	
43. CHECK TWENTY-SEVEN		44. CHECK TWENTY-EIGHT	
45. CHECK TWENTY-NINE		46. CHECK THIRTY	
47. CHECK THIRTY-ONE		48. CHECK THIRTY-TWO	
49. CHECK THIRTY-THREE		50. CHECK THIRTY-FOUR	
51. CHECK THIRTY-FIVE		52. CHECK THIRTY-SIX	
53. CHECK THIRTY-SEVEN		54. CHECK THIRTY-EIGHT	
55. CHECK THIRTY-NINE		56. CHECK FORTY	
57. CHECK FORTY-ONE		58. CHECK FORTY-TWO	
59. CHECK FORTY-THREE		60. CHECK FORTY-FOUR	
61. CHECK FORTY-FIVE		62. CHECK FORTY-SIX	
63. CHECK FORTY-SEVEN		64. CHECK FORTY-EIGHT	
65. CHECK FORTY-NINE		66. CHECK FIFTY	
67. CHECK FIFTY-ONE		68. CHECK FIFTY-TWO	
69. CHECK FIFTY-THREE		70. CHECK FIFTY-FOUR	
71. CHECK FIFTY-FIVE		72. CHECK FIFTY-SIX	
73. CHECK FIFTY-SEVEN		74. CHECK FIFTY-EIGHT	
75. CHECK FIFTY-NINE		76. CHECK SIXTY	
77. CHECK SIXTY-ONE		78. CHECK SIXTY-TWO	
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81. CHECK SIXTY-FIVE		82. CHECK SIXTY-SIX	
83. CHECK SIXTY-SEVEN		84. CHECK SIXTY-EIGHT	
85. CHECK SIXTY-NINE		86. CHECK SEVENTY	
87. CHECK SEVENTY-ONE		88. CHECK SEVENTY-TWO	
89. CHECK SEVENTY-THREE		90. CHECK SEVENTY-FOUR	
91. CHECK SEVENTY-FIVE		92. CHECK SEVENTY-SIX	
93. CHECK SEVENTY-SEVEN		94. CHECK SEVENTY-EIGHT	
95. CHECK SEVENTY-NINE		96. CHECK EIGHTY	
97. CHECK EIGHTY-ONE		98. CHECK EIGHTY-TWO	
99. CHECK EIGHTY-THREE		100. CHECK EIGHTY-FOUR	
101. CHECK EIGHTY-FIVE		102. CHECK EIGHTY-SIX	
103. CHECK EIGHTY-SEVEN		104. CHECK EIGHTY-EIGHT	
105. CHECK EIGHTY-NINE		106. CHECK NINETY	
107. CHECK NINETY-ONE		108. CHECK NINETY-TWO	
109. CHECK NINETY-THREE		110. CHECK NINETY-FOUR	
111. CHECK NINETY-FIVE		112. CHECK NINETY-SIX	
113. CHECK NINETY-SEVEN		114. CHECK NINETY-EIGHT	
115. CHECK NINETY-NINE		116. CHECK HUNDRED	

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 6345
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ARVIS SCOTT		2. DATE OF DEATH June 16, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 4-01	
C. Length of stay in Baltimore U Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 122 Market Place	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) N	8. DATE OF BIRTH K
9. AGE (in years last birthday) 45		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
11. BIRTHPLACE (State or foreign country) O		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME N		14. MOTHER'S MAIDEN NAME N	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS <input checked="" type="checkbox"/>	

18. 490x and 581.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Lobar pneumonia (A) DOCK		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Fatty infiltration of liver (B)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Chronic alcoholism (C)		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>R. Fisher</i>	23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED June 16, 1952
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24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
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DATE RECEIVED BY LOCAL REGISTRAR JUL 8 - 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Commissioner of Health</i>	ADDRESS
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UNIVERSITY MEDICAL SCHOOL JUL 1st 1952

Commissioner of Health

EXHIBIT

☒

CERTIFICATE OF DEATH

W-10

1. Name of deceased		2. Sex		3. Race		4. Date of birth		5. Place of birth	
6. Date of death		7. Place of death		8. Cause of death		9. Manner of death		10. Signature of physician	
11. Signature of registrar		12. Signature of informant		13. Signature of medical examiner		14. Signature of coroner		15. Signature of funeral director	
16. Signature of health officer		17. Signature of local health officer		18. Signature of state health officer		19. Signature of federal health officer		20. Signature of other official	
21. Signature of other official		22. Signature of other official		23. Signature of other official		24. Signature of other official		25. Signature of other official	
26. Signature of other official		27. Signature of other official		28. Signature of other official		29. Signature of other official		30. Signature of other official	
31. Signature of other official		32. Signature of other official		33. Signature of other official		34. Signature of other official		35. Signature of other official	
36. Signature of other official		37. Signature of other official		38. Signature of other official		39. Signature of other official		40. Signature of other official	
41. Signature of other official		42. Signature of other official		43. Signature of other official		44. Signature of other official		45. Signature of other official	
46. Signature of other official		47. Signature of other official		48. Signature of other official		49. Signature of other official		50. Signature of other official	
51. Signature of other official		52. Signature of other official		53. Signature of other official		54. Signature of other official		55. Signature of other official	
56. Signature of other official		57. Signature of other official		58. Signature of other official		59. Signature of other official		60. Signature of other official	
61. Signature of other official		62. Signature of other official		63. Signature of other official		64. Signature of other official		65. Signature of other official	
66. Signature of other official		67. Signature of other official		68. Signature of other official		69. Signature of other official		70. Signature of other official	
71. Signature of other official		72. Signature of other official		73. Signature of other official		74. Signature of other official		75. Signature of other official	
76. Signature of other official		77. Signature of other official		78. Signature of other official		79. Signature of other official		80. Signature of other official	
81. Signature of other official		82. Signature of other official		83. Signature of other official		84. Signature of other official		85. Signature of other official	
86. Signature of other official		87. Signature of other official		88. Signature of other official		89. Signature of other official		90. Signature of other official	
91. Signature of other official		92. Signature of other official		93. Signature of other official		94. Signature of other official		95. Signature of other official	
96. Signature of other official		97. Signature of other official		98. Signature of other official		99. Signature of other official		100. Signature of other official	

52 6346

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6346
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John W. Roberts

2. DATE
OF
DEATH

7-7-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

720 N. Carey

C. Length of stay in Baltimore

27 yrs

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

720 N. Carey St

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Night Watchman

10B. KIND OF BUSINESS OR
INDUSTRY

unemployed

13. FATHER'S NAME

Richard S. Roberts

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

none

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

June 15-1894

9. AGE (in years
last birthday)

58

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Goldsbrough N.C.

12. CITIZEN OF
WHAT COUNTRY?

U. S.

14. MOTHER'S MAIDEN NAME

Maria Hamilton

17. INFORMANT

ADDRESS

Charlotte Costello - 923 N. Eden St

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral hemorrhage

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Cardiovascular renal disease
arterio sclerosis

18 months

DUE TO

(C)

C-cardiovascular renal

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 30, 1952 to July 7, 1952 that I last saw the
deceased alive on July 6, 1952, and that death occurred at 2:30 AM, from the causes and on the date stated above.

23A. SIGNATURE

John E. S. Campler

23B. ADDRESS

M. D.

639 N. Carey St

23C. DATE SIGNED

7-7-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

7-9-52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem

24D. LOCATION (City, town, or county)

A. A. Co

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

ADDRESS

Samuel W. Sullivan Jr

VS 150

88374 61011 N. Arlington Ave

MEDICAL CERTIFICATION

828

82

THE UNITED STATES DEPARTMENT OF AGRICULTURE

CERTIFICATE OF ANALYSIS

1910

1910

ANALYST'S NAME AND TITLE

DATE OF ANALYSIS

NAME OF THE ANALYST

NAME OF THE ANALYST

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635
52 6347BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 6347

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNIE J GORTON

2. DATE
OF
DEATH

7-7-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4006 Springdale Ave Bridgeport

C. Length of stay in Baltimore

2

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

8/1

9. AGE (in years
last birthday)

81

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Mordecai

Pear

14. MOTHER'S MAIDEN NAME

Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs Michael Fox

ADDRESS

4006 Springdale

18. 42010

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary insufficiency

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Complete heart block

1 yr?

(C) DUE TO

Atherosclerotic heart disease

20 yrs?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)

OF INJURY

21E. INJURY OCCURRED

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1952, to July 7, 1952 that I last saw the
deceased alive on July 7, 1952 and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Conrad Cohen

M. D.

23B. ADDRESS

6702 Park Heights Ave

23C. DATE SIGNED

7/8/52

24A. BURIAL CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7-8-52

24C. NAME OF CEMETERY OR CREMATORY

Beth T. Filon

24D. LOCATION (City, town, or county)

Baltimore, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Jack Lewis, Jr.

ADDRESS

2100 Centre Pl

JUL 8 - 1952

VS 150

Jonas Cohen
6702 Park Hgts
Ro 1441

8138

5

REPUBLIC OF CHINA

MINISTRY OF HEALTH

8138

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REPUBLIC OF CHINA

MINISTRY OF HEALTH

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MINISTRY OF HEALTH

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340

52 6349

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6349

BIRTH NO.		1. NAME OF DECEASED (Type or Print) EDITH MAY DOUTTIEL (Aldred)		2. DATE OF DEATH July 8, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 3411 Harford Road		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 8-01			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 3411 Harford Road			
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 20, 1879	9. AGE (In years last birthday) 73	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Iowa	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME David B. Atkinson		14. MOTHER'S MAIDEN NAME Sarah Fitch	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. 219-16-6711		17. INFORMANT ADDRESS Mr. George R. Douttiel, 3411 Harford	
18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH (A) Myocardial failure DUE TO		INTERVAL BETWEEN ONSET AND DEATH 1 day	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Hypertensive arteriosclerotic heart disease DUE TO		3 years	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Acute cholecystitis - cholelithiasis		18 days	
19A. DATE OF OPERATION 29 June 52		19B. MAJOR FINDINGS OF OPERATION Acute cholecystitis - lithiasis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 11 July 1951 to 8 July 1952, that I last saw the deceased alive on 7 July 1952, and that death occurred at 3:35 A.M., from the causes and on the date stated above.					
23A. SIGNATURE John D. Barnaby		23B. ADDRESS 1531 E North Ave		23C. DATE SIGNED 8 July 52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/11/52		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. DATE RECEIVED BY LOCAL REGISTRAR JUL 8 - 1952		24F. REGISTRAR'S SIGNATURE Huntington Williams, MD.	
24G. FUNERAL DIRECTOR Leonard J. Ruck,		24H. ADDRESS 5305 Harford Road		24I. VS 150	

MEDICAL CERTIFICATION

7208A

John W. Barnaby
1 E. North Ave.

553
52 6350

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6350

BIRTH NO.

1. NAME OF DECEASED (Type or Print) PHILLIP CLARK HAMMOND		2. DATE OF DEATH July 6, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3025 Windsor Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 19-04	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1713 W. Lombard Street	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 29, 1873
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor		10B. KIND OF BUSINESS OR INDUSTRY B. & O. R. R.	9. AGE (in years last birthday) 79
13. FATHER'S NAME John T. Hammond		11. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Mary Ann Edwards	
17. INFORMANT Mrs. Mary V. Scroggs, 3207 Texas Av.		ADDRESS	
18. 443X I CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Hypertensive Cardio-Vascular Disease Many years. DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Severe Heat & Humid weather			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb. 1949 to July 5, 1952, that I last saw the deceased alive on July 5, 1952, and that death occurred at 6:50 p.m., from the causes and on the date stated above.			
23A. SIGNATURE Abraham Goldman M.D.		23B. ADDRESS 206 S. Gilman St.	
23C. DATE SIGNED 7/7/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/9/52	
24C. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR JUL 8 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Leonard J. Ruck		ADDRESS 5305 Harford Road	

VS 150

Dr. Goldman
206 S. Gilmer Ave.

456

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 6351

Registered No.

52 6351

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Alyce Palmer</i>			2. DATE OF DEATH <i>7-6-52</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Prov. 1404</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>15-14 Division</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore, 15-02</i>		
C. Length of stay in Baltimore <i>38</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1827 M. Appleton</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>negro</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Divorced</i>	8. DATE OF BIRTH <i>10-26-07</i>	9. AGE (In years last birthday) <i>45</i>	If Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Beautician</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Be</i>		
11. BIRTHPLACE (State or foreign country) <i>MD</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>Edward Palmer</i>			14. MOTHER'S MAIDEN NAME <i>Leola Stewart</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO. <i>076-16-5816</i>		
17. INFORMANT ADDRESS					

18. <i>170X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Cancer of the left Breast</i>	CAUSE OF DEATH (A) <i>Cancer of the left Breast</i> DUE TO (B) <i>metastases to lung.</i> DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>5-2-51</i> , 19 <i>51</i> to <i>7-6</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>7-4</i> , 19 <i>52</i> and that death occurred at <i>3:35 P.m.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>Seage Adams</i> M. O.	23B. ADDRESS <i>2327 Mr. North</i>	23C. DATE SIGNED <i>7-7-52</i>

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY	24D. LOCATION (City, town, or county) (State)
<i>Burial</i>	<i>July 10/52</i>	<i>Arbutus Park</i>	<i>Balto. MD</i>
DATE RECEIVED BY REGISTRAR <i>8-1-1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Brooks Piggott</i>	ADDRESS <i>1463 N. Carey St</i>

RECEIVED BY THE
OFFICE OF THE
SECRETARY OF THE
NAVY

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1. The first part of the report is a general statement of the work done during the year. It is a summary of the work done by the various departments and is intended to give a general idea of the progress of the work.

2. The second part of the report is a statement of the work done by the various departments. It is a summary of the work done by each department and is intended to give a general idea of the progress of the work.

3. The third part of the report is a statement of the work done by the various departments. It is a summary of the work done by each department and is intended to give a general idea of the progress of the work.

4. The fourth part of the report is a statement of the work done by the various departments. It is a summary of the work done by each department and is intended to give a general idea of the progress of the work.

5. The fifth part of the report is a statement of the work done by the various departments. It is a summary of the work done by each department and is intended to give a general idea of the progress of the work.

6. The sixth part of the report is a statement of the work done by the various departments. It is a summary of the work done by each department and is intended to give a general idea of the progress of the work.

7. The seventh part of the report is a statement of the work done by the various departments. It is a summary of the work done by each department and is intended to give a general idea of the progress of the work.

8. The eighth part of the report is a statement of the work done by the various departments. It is a summary of the work done by each department and is intended to give a general idea of the progress of the work.

9. The ninth part of the report is a statement of the work done by the various departments. It is a summary of the work done by each department and is intended to give a general idea of the progress of the work.

10. The tenth part of the report is a statement of the work done by the various departments. It is a summary of the work done by each department and is intended to give a general idea of the progress of the work.

52 6352

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6352
Registered No.

1. NAME OF DECEASED (Type or Print) FRANK JONES		2. DATE OF DEATH July 7, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 938 N. Wolfe Street	
5. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospital		6. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days 7-04	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Sept 16, 1901
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Labour		10B. KIND OF BUSINESS OR INDUSTRY Gen	9. AGE (In years last birthday) 50
13. FATHER'S NAME Edward Jones		14. MOTHER'S MAIDEN NAME Annie	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Ethel Jones		ADDRESS 938 N. Wolfe St	

18. E812.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Multiple Extreme Injuries DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Route 40 and Golden Ring Road
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 7/7/52 2:30 A.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Pedestrian struck by automobile
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .				
23A. SIGNATURE R. F. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 7/7/52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE July 11/52	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem.	24D. LOCATION (City, town, or county) (State) U. G. County Md.
DATE RECEIVED BY LOCAL REGISTRAR JUL 8 - 1952		25. FUNERAL DIRECTOR Wm. A. Elliott & Daughter	
REGISTRAR'S SIGNATURE Huntington Williams		ADDRESS 1129 N. Caroline	

MEDICAL CERTIFICATION

DECLARATION OF DEATH

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52 6353BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6353
Registered No.

1. NAME OF DECEASED (Type or Print) CARL STENGLER		2. DATE OF DEATH JULY 4, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION BON SECOURS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 20-03	
C. Length of stay in Baltimore 53 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 287 S. PULASKI ST.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 6/7/99
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BAKER		10B. KIND OF BUSINESS OR INDUSTRY AMERICAN STORES	9. AGE (in years last birthday) 53
13. FATHER'S NAME JOHN R. STENGLER <i>Baking</i>		11. BIRTHPLACE (State or foreign country) MARYLAND	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
16. SOCIAL SECURITY NO. 212-03-9695		17. INFORMANT WIFE ADDRESS SAME	
19. 430.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) SUBACUTE BACTERIAL ENDOCARDITIS DUE TO (B) DUE TO (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH 1 month	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		PORTAL CIRRHOSIS OF LIVER	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 7, 1952 , to July 4, 1952 , that I last saw the deceased alive on July 4, 1952 , and that death occurred at 7:05 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE William A. Preisburg, M. D.		23B. ADDRESS Bon Secours Hosp.	
23C. DATE SIGNED July 4, 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE July 8, 1952	
24C. NAME OF CEMETERY OR CREMATORY Western		24D. LOCATION (City, town or county) (State) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR JUL 8 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25A. FUNERAL DIRECTOR 1913 W. Balt. St.		ADDRESS	

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6354
Registered No.

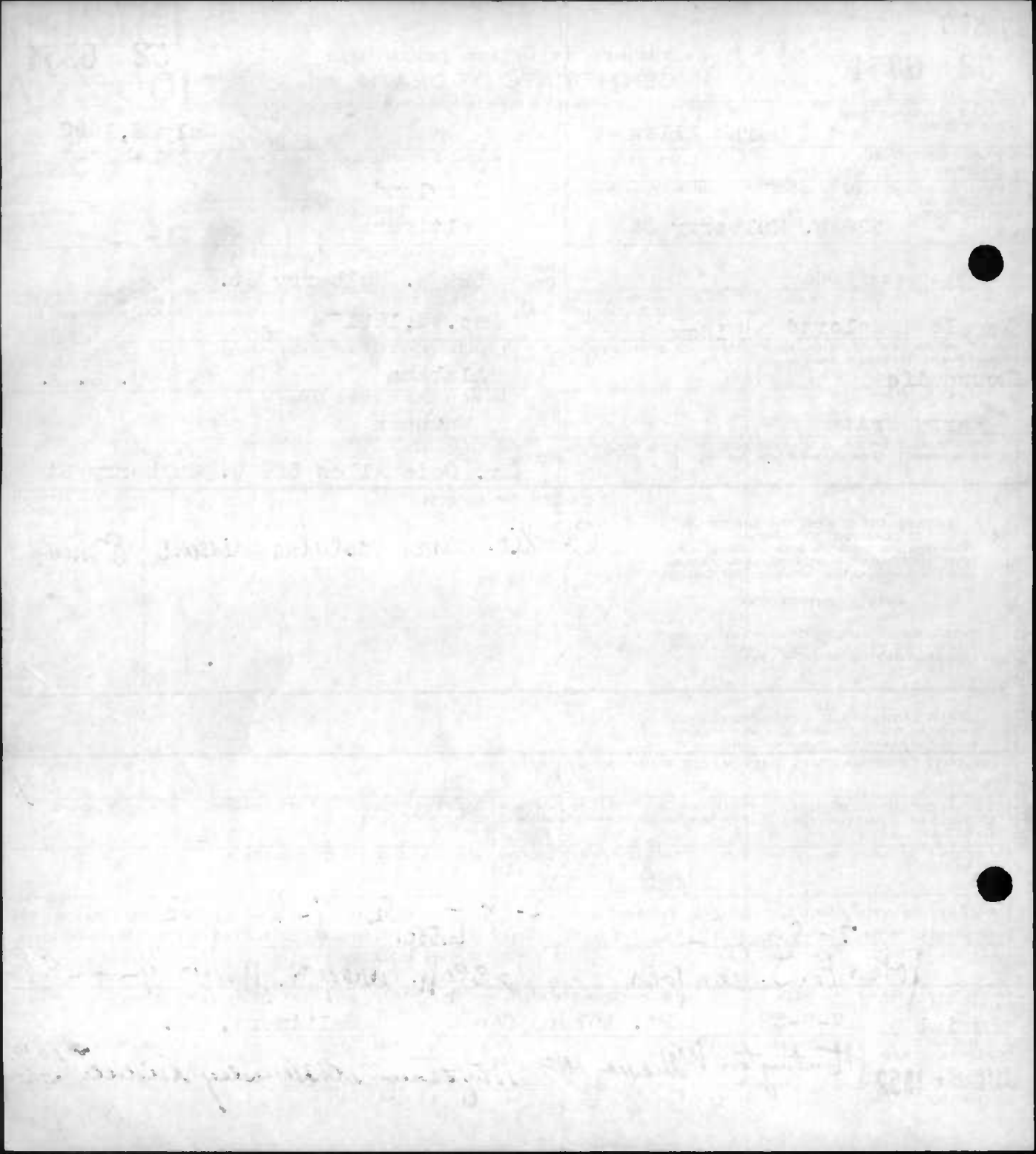
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Sarah Allen		2. DATE OF DEATH July 6, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 529 W. Mulberry St		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 4-02	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 529 W. Mulberry St.	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec. 2, 1891
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 60
13. FATHER'S NAME Harry Pratt		11. BIRTHPLACE (State or foreign country) Alabama	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or noknowo) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Unknown	
17. INFORMANT Mr. Ocie Allen		ADDRESS 529 W. Mulberry St	

18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardio-renal vascular disease DUE TO (A) 8 mos DUE TO (B) DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH	CAUSE OF DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-8- , 1952 to 7-6- , 1952 that I last saw the deceased alive on 7-5- , 1952 and that death occurred at 6:55p.m. , from the causes and on the date stated above.					
23A. SIGNATURE John E. J. Campbell		23B. ADDRESS 1639 W. Carey St. Balto		23C. DATE SIGNED 7-8-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7-9-52		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. FUNERAL DIRECTOR Mr. Frances A. Hershey		24F. ADDRESS 578 W. ...	

DATE RECEIVED BY LOCAL REGISTRAR
JUL 8 - 1952
VS 150
REGISTRAR'S SIGNATURE
Huntington Williams, MD.
VS 150
VS 150



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6355**

52 6355

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EDGAR ROGERS		2. DATE OF DEATH July 4, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-04	
C. Length of stay in Baltimore 6 years		D. STREET ADDRESS (If rural, give location) 2012 Fayson St.	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 9, 1914 38
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cabdriver		10B. KIND OF BUSINESS OR INDUSTRY Contractors	
13. FATHER'S NAME Isaac Rogers		14. MOTHER'S MAIDEN NAME Alice Saunders	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 170 Chestnut St.	

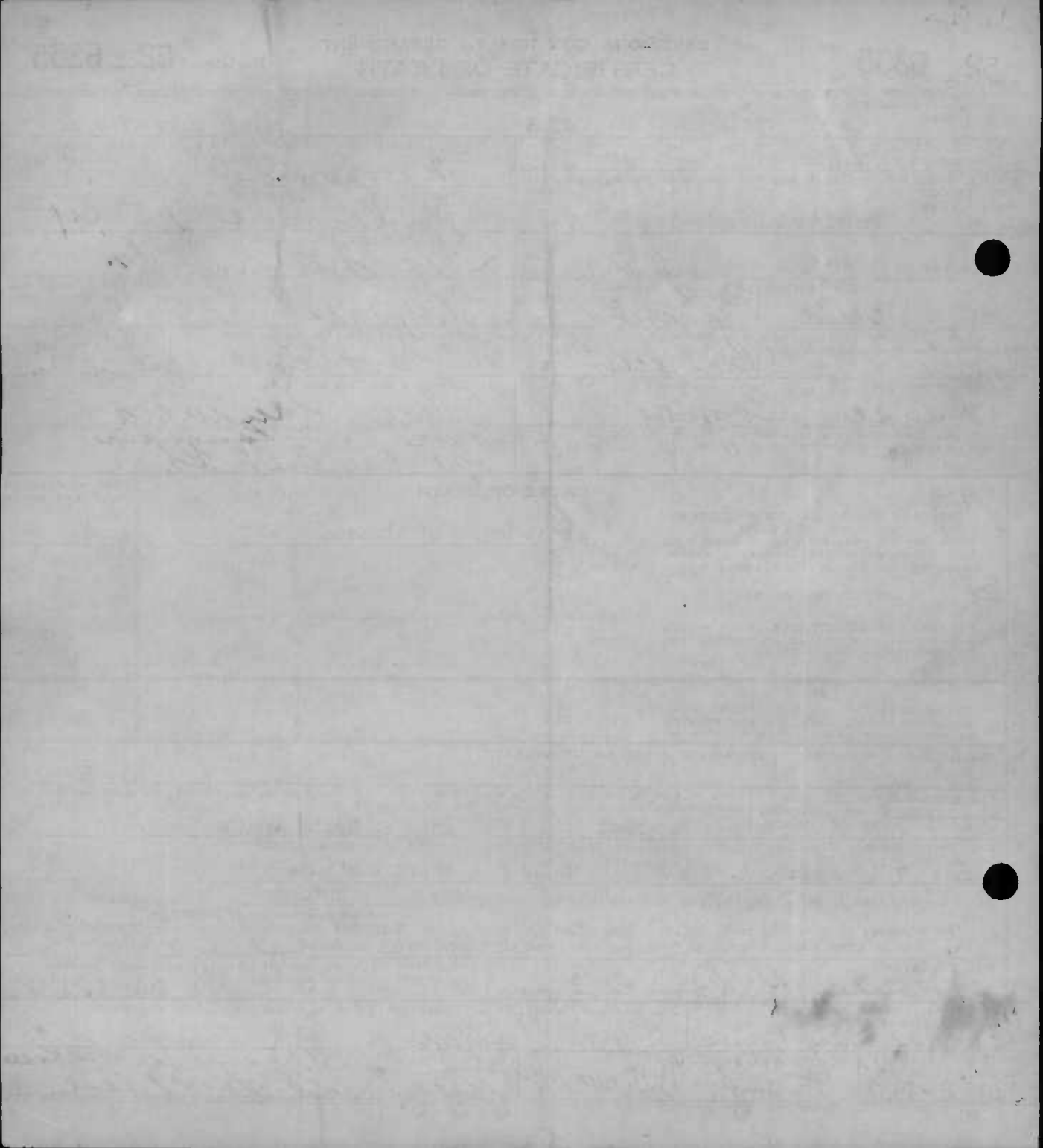
18. E982X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Stab wound of abdomen	INTERVAL BETWEEN ONSET AND DEATH
CAUSE OF DEATH	
(A) Stab wound of abdomen	
DUE TO	
(B)	
DUE TO	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Pavement	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 2513 W. North Avenue
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY Month: 7/4/52 2:00 A. m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Sharp instrument

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE Stanley H. Dunleavy M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED July 4, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE July 9, 1952	24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	24D. LOCATION (City, town, or county) (State) Baltimore Md.		
DATE RECEIVED BY LOCAL REGISTRAR 141 8-1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			
		25. FUNERAL DIRECTOR 6051 David Hill Ave.			

MEDICAL CERTIFICATION



-320

Gutowski

52 6356

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6356

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary A. Gutowski

2. DATE
OF
DEATH

July 6-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4009 Walnut Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

27-05

D. STREET ADDRESS (If rural, give location)

4009 Walnut Ave

C. Length of stay in Baltimore

45 yrs.

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDDED, DIVORCED (Specify)

Widowed

B. DATE OF BIRTH

March 1873

9. AGE (In years
last birthday)

79

H Under 1 Year
Months: DaysH Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR
INDUSTRY

House Work

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Frank Tuminski

14. MOTHER'S MAIDEN NAME

Maryanna

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Madeline Glaim 4009 Walnut Ave

18. 422.2

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

SENILITY

5 yrs +

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

MYOCARDIAL DEGENERATION

5 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from Dec. 25, 1946 to July 6, 1952, that I last saw the deceased alive on June 9, 1952, and that death occurred at 5: p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

6331 Belair Rd (6)

July 7, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial

July 9-52

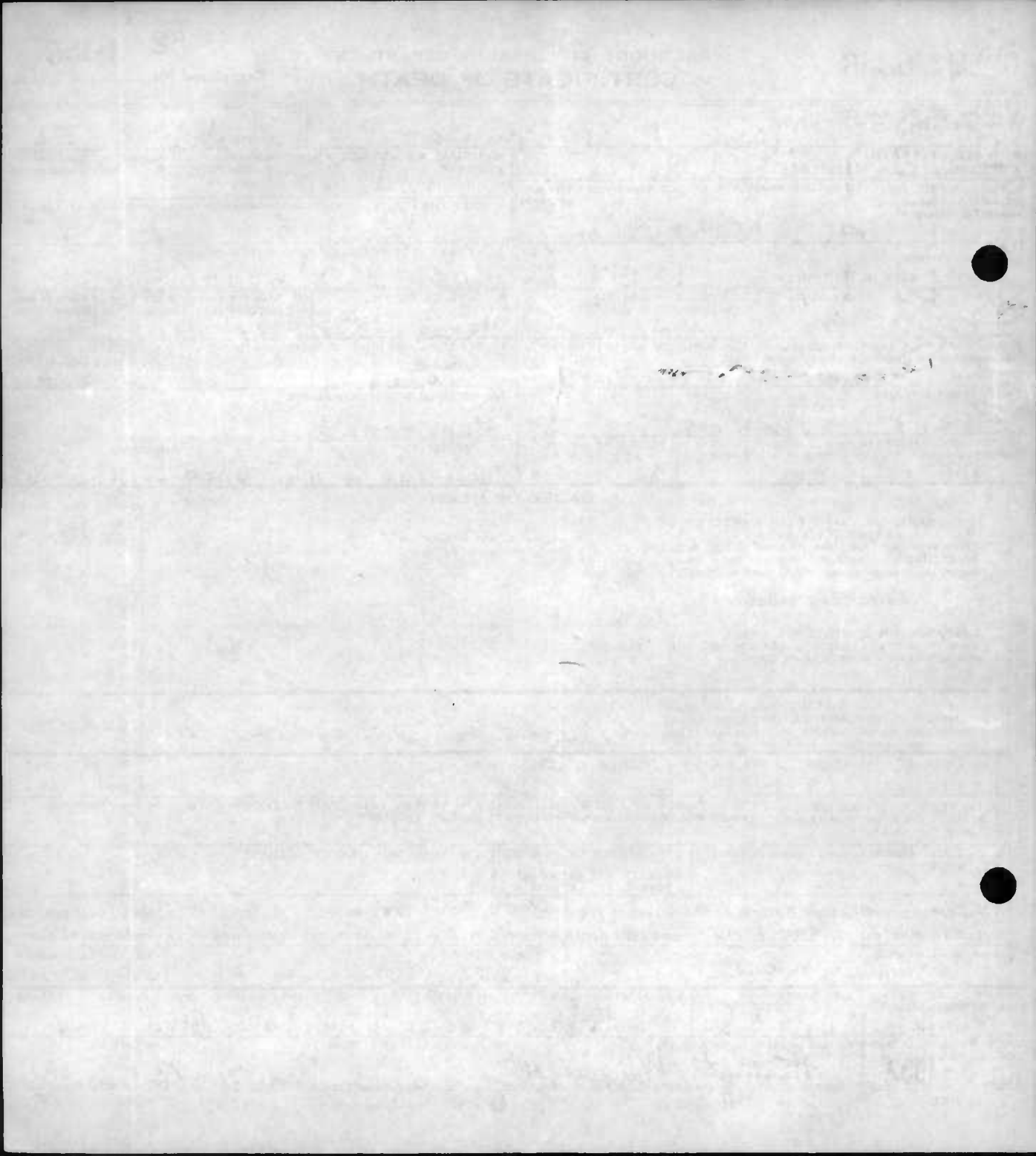
St Stanislaus

Dundalk Blvd. Md.

JUL 8 - 1952

Huntington Williams, MD

Dippel Bros 7110 Balair Rd



L-520

52 6357

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6357
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frieda E. Lincke

2. DATE
OF
DEATH

July 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2705 Orleans Street

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2705 Orleans Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 1, 1893

9. AGE (In years
last birthday)

59

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

own home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Louis Klages

14. MOTHER'S MAIDEN NAME

Henny ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

A. Paul Lincke, 2705 Orleans Street

18. 170x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

BREAST CANCER - BREAST

2-3 YEARS.

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1950

19B. MAJOR FINDINGS OF OPERATION

CANCER - BREAST

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from MARCH 1952 to 7/7/52, 1952, that I last saw the
deceased alive on 7/7/52, 1952, and that death occurred at 5:15 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

7/9/52

24C. NAME OF CEMETERY OR CREMATORY

U. S. National Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

(State)

Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 8 - 1952

Huntington Williams, M.D. Wm. Cook, Inc.

1217 St. Paul Street

1947

UNITED STATES DEPARTMENT OF AGRICULTURE

CERTIFICATE OF ANALYSIS

Page 2



-520
52 6358BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH329425
52 6358
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Esther Annis

2. DATE
OF
DEATH

July 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday) If Under 1 Year
Months: Days If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Vascular Accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertensive Cardiovascular
Disease

DUE TO

(C)

4d
8 yrs.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-3-, 1952 to 7-6-, 1952, that I last saw the
deceased alive on 7-6-, 1952, and that death occurred at 10:40 AM, from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

7/6/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 8 - 1952

Huntington Williams, M.D.

John D. Miller, Jr.

2435 E. Oliver St.

UNITED STATES OF AMERICA

DEPARTMENT OF JUSTICE

WASHINGTON, D.C.

11
[illegible]

UNITED STATES OF AMERICA

UNITED STATES OF AMERICA
DEPARTMENT OF JUSTICE
WASHINGTON, D.C.

G-650

52 6359

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6359

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HELEN GRUENE

2. DATE
OF
DEATH

7/7/1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

8-05

D. STREET ADDRESS (If rural, give location)

1800 E. Lafayette Ave; #13

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

January 10, 1874

9. AGE (In years
last birthday)

78

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H. W. Housekeeper

10B. KIND OF BUSINESS OR
INDUSTRY

Karl C. Hanselman

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Kengel

14. MOTHER'S MAIDEN NAME

Helen Rollock

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Helen M. Immel 3102 Juniper Place

18. 157X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of the pancreas

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Lung edema. Renal insufficiency

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 6/7/1952 to 7/7/1952 that I last saw the
deceased alive on 7/7/1952 and that death occurred at 7:05 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Rakelle Bakhair

M. D.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

7/8/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

7/18/52

Hoodlawn Cem.

Gwynn Oak Ave.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 8 - 1952

Huntington Williams, Inc.

John C. Miller Inc. 2435 E. Chiver St.

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52 6360

HELENA OWINGS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6360

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>Helena Owings</i>		2. DATE OF DEATH <i>7/6/52</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>Balto. Md.</i>		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Balto. Md.</i> B. COUNTY _____	
b. FULL NAME OF (If not in hospital or institution, give street address or location) <i>1334 Lawson St.</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore Md 24-01</i>	
c. Length of stay in Baltimore <i>Lifetime</i>		d. STREET ADDRESS (If rural, give location) <i>1334 Lawson St.</i>	
5. SEX <i>F.</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>April 18, 1888</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY _____	
13. FATHER'S NAME <i>Carl S. Teise</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No.</i>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <i>Mr. Owings</i>		ADDRESS <i>1334 Lawson St.</i>	

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Acute Coronary Occlusion</i> DUE TO (B) <i>Anticipated Heart Disease with Coronary Insufficiency</i> DUE TO (C) <i>Coronary Arteriosclerosis</i>	INTERVAL BETWEEN ONSET AND DEATH <i>instant</i> <i>several</i> <i>years</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION <i>0</i>		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____			
21d. TIME (Month) (Day) (Year) (Hour) INJURY _____	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <i>2 July</i> , 19 <i>52</i> , to <i>6 July</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>5 July</i> , 19 <i>52</i> , and that death occurred at <i>139 p.m.</i> from the causes and on the date stated above.					
23a. SIGNATURE <i>Edmund L. Pearson M.D.</i>		23b. ADDRESS <i>1938 Linden Ave</i>		23c. DATE SIGNED <i>7 July 52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>7/9/52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Green River Cem. Cecil County</i>	24d. LOCATION (City, town, or county) (State) <i>Fort Ave.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 8 - 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>LeRoy F. Bell</i> ADDRESS <i>154 E Fort Ave.</i>			

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10/10/52

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10/10/52

653
52 6361BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6361
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Richard Bryant

2. DATE
OF
DEATH

7/6/1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

518 N Payson St.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

Balto.

D. STREET ADDRESS (If rural, give location)

518 N. Payson St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 10, 1884

9. AGE (in years
last birthday)

67

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Sen

11. BIRTHPLACE (State or foreign country)

N.C.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Richard Bryant Sr.

14. MOTHER'S MAIDEN NAME

Ann

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Nannie Bryant Payson St.

ADDRESS

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) CEREBRAL HEMORRHAGE 6 DAYS
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) HYPERTENSIVE CARDIOVASCULAR
DISEASE
DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m. WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-28, 1951, to 7-6, 1952, that I last saw the
deceased alive on 7-5, 1952, and that death occurred at 9:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Thomas W. Harris

M. D.

23B. ADDRESS

1824 W. Franklin St.

23C. DATE SIGNED

7-6-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

July 9, 1952

24C. NAME OF CEMETERY OR CREMATORY

St. Paul's Am. Bk. Co.

24D. LOCATION (City, town, or country) (State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, MD.

25. FUNERAL DIRECTOR

Mr. Bates & Williams

ADDRESS

330

CERTIFICATE OF BIRTH

NAME OF CHILD	
DATE OF BIRTH	
PLACE OF BIRTH	
SEX	
MOTHER'S NAME	
FATHER'S NAME	
SIGNATURE OF REGISTRAR	
OFFICE	

CERTIFICATE OF DEATH

Registered No.

52 6362

52 6362

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROSARIO GALEANO

2. DATE
OF

DEATH JULY 5 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTO. Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE B. COUNTY
2512 E? BALTO. ST. BALTO. Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION
2512 E. BALTO. ST.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO. Md.

D. STREET ADDRESS (If rural, give location)

2512 E. BALTO. ST.

C. Length of stay in Baltimore

57 YRS.

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

15, 1875
OCT. 12 1887 76 YRS. 76

9. AGE (In years last birthday)

If Under 1 Year If Under 24 Hours
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

STEEL

10B. KIND OF BUSINESS OR INDUSTRY

CONSTRUCTION

11. BIRTHPLACE (State or foreign country)

RIPOSTO ITALY

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Venerando
FERDINANDO GALEANO

14. MOTHER'S MAIDEN NAME

ROSARIA MARINO

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO

16. SOCIAL SECURITY NO.

214-18-0769

17. INFORMANT

ADDRESS

DANNY GALEANO 159 N. DECKER AVE?

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 1950, to July 5, 1952, that I last saw the deceased alive on July 4, 1952, and that death occurred at 1:20 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

JULY 9 1952

HOLY REDEEMER BELAIR RD. & MORAVIA AVE. BALTO.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 8 - 1952

Huntington Williams, 322 S. HIGH ST.

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL
INVESTIGATION OF DEATHS

1. NAME OF DECEASED: _____

2. RESIDENCE: _____

3. DATE OF DEATH: _____

4. PLACE OF DEATH: _____

5. OCCASION OF DEATH: _____

6. NAME OF PHYSICIAN: _____

7. NAME OF CORONER: _____

8. NAME OF JURY: _____

9. NAME OF WITNESSES: _____

10. NAME OF INQUESTOR: _____

11. NAME OF JURY: _____

12. NAME OF WITNESSES: _____

13. NAME OF INQUESTOR: _____

14. NAME OF JURY: _____

15. NAME OF WITNESSES: _____

16. NAME OF INQUESTOR: _____

17. NAME OF JURY: _____

18. NAME OF WITNESSES: _____

19. NAME OF INQUESTOR: _____

20. NAME OF JURY: _____

21. NAME OF WITNESSES: _____

22. NAME OF INQUESTOR: _____

23. NAME OF JURY: _____

24. NAME OF WITNESSES: _____

25. NAME OF INQUESTOR: _____

26. NAME OF JURY: _____

27. NAME OF WITNESSES: _____

28. NAME OF INQUESTOR: _____

29. NAME OF JURY: _____

30. NAME OF WITNESSES: _____

31. NAME OF INQUESTOR: _____

32. NAME OF JURY: _____

33. NAME OF WITNESSES: _____

34. NAME OF INQUESTOR: _____

35. NAME OF JURY: _____

36. NAME OF WITNESSES: _____

37. NAME OF INQUESTOR: _____

38. NAME OF JURY: _____

39. NAME OF WITNESSES: _____

40. NAME OF INQUESTOR: _____

41. NAME OF JURY: _____

42. NAME OF WITNESSES: _____

43. NAME OF INQUESTOR: _____

44. NAME OF JURY: _____

45. NAME OF WITNESSES: _____

46. NAME OF INQUESTOR: _____

47. NAME OF JURY: _____

48. NAME OF WITNESSES: _____

49. NAME OF INQUESTOR: _____

50. NAME OF JURY: _____

51. NAME OF WITNESSES: _____

52. NAME OF INQUESTOR: _____

53. NAME OF JURY: _____

54. NAME OF WITNESSES: _____

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56. NAME OF JURY: _____

57. NAME OF WITNESSES: _____

58. NAME OF INQUESTOR: _____

59. NAME OF JURY: _____

60. NAME OF WITNESSES: _____

61. NAME OF INQUESTOR: _____

62. NAME OF JURY: _____

63. NAME OF WITNESSES: _____

64. NAME OF INQUESTOR: _____

65. NAME OF JURY: _____

66. NAME OF WITNESSES: _____

67. NAME OF INQUESTOR: _____

68. NAME OF JURY: _____

69. NAME OF WITNESSES: _____

70. NAME OF INQUESTOR: _____

71. NAME OF JURY: _____

72. NAME OF WITNESSES: _____

73. NAME OF INQUESTOR: _____

74. NAME OF JURY: _____

75. NAME OF WITNESSES: _____

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77. NAME OF JURY: _____

78. NAME OF WITNESSES: _____

79. NAME OF INQUESTOR: _____

80. NAME OF JURY: _____

81. NAME OF WITNESSES: _____

82. NAME OF INQUESTOR: _____

83. NAME OF JURY: _____

84. NAME OF WITNESSES: _____

85. NAME OF INQUESTOR: _____

86. NAME OF JURY: _____

87. NAME OF WITNESSES: _____

88. NAME OF INQUESTOR: _____

89. NAME OF JURY: _____

90. NAME OF WITNESSES: _____

91. NAME OF INQUESTOR: _____

92. NAME OF JURY: _____

93. NAME OF WITNESSES: _____

94. NAME OF INQUESTOR: _____

95. NAME OF JURY: _____

96. NAME OF WITNESSES: _____

97. NAME OF INQUESTOR: _____

98. NAME OF JURY: _____

99. NAME OF WITNESSES: _____

100. NAME OF INQUESTOR: _____

400

52 6363

52 6363

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) ANNIE DALTON HEALY		2. DATE OF DEATH July 6, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Ashburton Nursing Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) Hilton Court Apts.		5. DATE OF BIRTH Dec. 8, 1867	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		9. AGE (In years last birthday) 84	
5. SEX female		6. COLOR OR RACE white	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed		8. DATE OF BIRTH Dec. 8, 1867	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home	
11. BIRTHPLACE (State or foreign country) Ireland		12. CITIZEN OF WHAT COUNTRY? _____	
13. FATHER'S NAME Matthew Dalton		14. MOTHER'S MAIDEN NAME Mary Welch	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. no	
17. INFORMANT Miss Marie Healy - Hilton Court Apts.		ADDRESS _____	

18. 334X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Degeneration DUE TO (A) _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. arteriosclerosis DUE TO (B) _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH 3 yrs 10 yrs
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____		

19A. DATE OF OPERATION 7/9/52		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from June 6, 1952 to July 5, 1952 , that I last saw the deceased alive on July 5, 1952 , and that death occurred at 7 m. , from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS 3403 Farnham Blvd		23C. DATE SIGNED 7/7/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/9/52		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	
24D. LOCATION (City, town, or county) (State) Balto., Md.		24E. FUNERAL DIRECTOR Wm. J. Lickner & Sons		24F. ADDRESS 6316 Balto 17, Md	
DATE RECEIVED BY LOCAL REGISTRAR JUL 8 - 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Wm. J. Lickner & Sons	

MEDICAL CERTIFICATION

STATISTICS OF DEATHS

REPORTED FOR THE YEAR 1910

IN THE DISTRICT OF COLUMBIA

FOR THE YEAR 1910

IN THE DISTRICT OF COLUMBIA

FOR THE YEAR 1910

IN THE DISTRICT OF COLUMBIA

FOR THE YEAR 1910

IN THE DISTRICT OF COLUMBIA

FOR THE YEAR 1910

IN THE DISTRICT OF COLUMBIA

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FOR THE YEAR 1910

IN THE DISTRICT OF COLUMBIA

FOR THE YEAR 1910

IN THE DISTRICT OF COLUMBIA

FOR THE YEAR 1910

IN THE DISTRICT OF COLUMBIA

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52 6365

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6365

Registered No.

1. NAME OF DECEASED (Type or Print) Dr. Percy Lewis Kaye		2. DATE OF DEATH July 7, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-20	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 3410 Pinkney Road	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 8, 1873
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired School Teacher		10B. KIND OF BUSINESS OR INDUSTRY Teaching-University	9. AGE (In years last birthday) 79
11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Mr. Jesse Kaye		14. MOTHER'S MAIDEN NAME Louisa Schaffer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Marion Kaye		ADDRESS 3410 Pinkney Road	
18. 432X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Pericarditis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 3 days.
19A. DATE OF OPERATION 7/9/52		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 7, 1952 , to July 7, 1952 , that I last saw the deceased alive on July 7, 1952 , and that death occurred at 8:00 P.m. , from the causes and on the date stated above.			
23A. SIGNATURE Jesse D. Hubbard		23B. ADDRESS Union Memorial Hosp.	
23C. DATE SIGNED July 8, 1952			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7/9/52	24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24D. LOCATION (City, town, or county) (State) Balto., Md.
DATE RECEIVED BY LOCAL REGISTRAR JUL 8 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. J. Lickner & Sons	
ADDRESS Balto. 17, Md.			

UNITED STATES DEPARTMENT OF JUSTICE

CRIMINAL DIVISION

WASHINGTON, D. C. 20535

INVESTIGATION

REPORT

DATE

BY

TO

FROM

SUBJECT

REFERENCE

REMARKS

CONCLUSION

SIGNATURE

TITLE

ORGANIZATION

ADDRESS

CITY

STATE

ZIP

TELEPHONE

FAX

EMAIL

510

52 6366

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6366

1. NAME OF DECEASED (Type or Print) <i>(Louise) Anna L. Camp</i>		2. DATE OF DEATH <i>July 5^{15 a.m.} 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Little Sisters of the Poor</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>10-01</i>	
C. Length of stay in Baltimore <i>5</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>Little Sisters of the Poor</i> <i>1200 Valley St</i>	
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>March 4, 1873</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>never employed</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>--</i>	9. AGE (in years last birthday) <i>79</i>
13. FATHER'S NAME <i>Joseph Camp</i>		11. BIRTHPLACE (State or foreign country) <i>Penna.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>--</i>		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME <i>Josephine Weidler</i>	
17. INFORMANT <i>Little Sisters of the Poor</i>		ADDRESS	

18. <i>422.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <i>Chronic Myocarditis</i> DUE TO	INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) <i>Arterio Sclerosis</i> DUE TO	<i>5 yrs</i>
(C)		

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *July 1-1952*, to *July 6, 1952*, that I last saw the deceased alive on *July 5, 1952*, and that death occurred at *2:30 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE <i>E. Gill Hall Md.</i>	23B. ADDRESS <i>1631 E North Ave</i>	23C. DATE SIGNED <i>July 8-52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>7/9/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>St. Mary's Cem.</i>	24D. LOCATION (City, town, or county) (State) <i>Govans, Md.</i>
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DATE RECEIVED BY LOCAL REGISTRAR <i>UL 8-1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams, Md.</i>	25. FUNERAL DIRECTOR <i>Wm. J. Pickens & Sons</i>	ADDRESS <i>Balto 17, Md.</i>
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Balto 17, Md.

DALLAS COUNTY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

2-10-66

1. Name of Deceased		2. Sex		3. Race		4. Date of Birth		5. Date of Death	
6. Place of Birth		7. Usual Residence		8. Cause of Death		9. Manner of Death		10. Signature of Physician	
11. Signature of Registrar		12. Signature of Medical Examiner		13. Signature of Coroner		14. Signature of Funeral Home		15. Signature of Burial Place	
16. Signature of Cemetery		17. Signature of Interment		18. Signature of Burial		19. Signature of Burial		20. Signature of Burial	
21. Signature of Burial		22. Signature of Burial		23. Signature of Burial		24. Signature of Burial		25. Signature of Burial	
26. Signature of Burial		27. Signature of Burial		28. Signature of Burial		29. Signature of Burial		30. Signature of Burial	
31. Signature of Burial		32. Signature of Burial		33. Signature of Burial		34. Signature of Burial		35. Signature of Burial	
36. Signature of Burial		37. Signature of Burial		38. Signature of Burial		39. Signature of Burial		40. Signature of Burial	
41. Signature of Burial		42. Signature of Burial		43. Signature of Burial		44. Signature of Burial		45. Signature of Burial	
46. Signature of Burial		47. Signature of Burial		48. Signature of Burial		49. Signature of Burial		50. Signature of Burial	
51. Signature of Burial		52. Signature of Burial		53. Signature of Burial		54. Signature of Burial		55. Signature of Burial	
56. Signature of Burial		57. Signature of Burial		58. Signature of Burial		59. Signature of Burial		60. Signature of Burial	
61. Signature of Burial		62. Signature of Burial		63. Signature of Burial		64. Signature of Burial		65. Signature of Burial	
66. Signature of Burial		67. Signature of Burial		68. Signature of Burial		69. Signature of Burial		70. Signature of Burial	
71. Signature of Burial		72. Signature of Burial		73. Signature of Burial		74. Signature of Burial		75. Signature of Burial	
76. Signature of Burial		77. Signature of Burial		78. Signature of Burial		79. Signature of Burial		80. Signature of Burial	
81. Signature of Burial		82. Signature of Burial		83. Signature of Burial		84. Signature of Burial		85. Signature of Burial	
86. Signature of Burial		87. Signature of Burial		88. Signature of Burial		89. Signature of Burial		90. Signature of Burial	
91. Signature of Burial		92. Signature of Burial		93. Signature of Burial		94. Signature of Burial		95. Signature of Burial	
96. Signature of Burial		97. Signature of Burial		98. Signature of Burial		99. Signature of Burial		100. Signature of Burial	

400
52 6367BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6367

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mrs. Catherine Selle			2. DATE OF DEATH July 8, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore Md.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY St. Louis		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
5. SEX Female			6. COLOR OR RACE White		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH 8-11-79		
9. AGE (in years last birthday) 72			10. CITIZEN OF WHAT COUNTRY? USA		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY Domestic		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME John Pfarr			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO			16. SOCIAL SECURITY NO. NONE		
17. INFORMANT John SELLE, Jr.			ADDRESS 151 S. Morley St.		

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) Cerebral Vascular Accident DUE TO Hypertensive D.S. C. V. D.			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) _____ DUE TO _____			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) _____ DUE TO _____			

19A. DATE OF OPERATION 7-11-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7-7, 1952 to 7-8, 1952 that I last saw the deceased alive on 7-8, 1952 and that death occurred at 10 PM. , from the causes and on the date stated above.					
23A. SIGNATURE George Elden		23B. ADDRESS St Agnes Hospital		23C. DATE SIGNED 7-8-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 7-11-52		24C. NAME OF CEMETERY OR CREMATORY LONDON PARK		24D. LOCATION (City, town, or county) (State) BALTIMORE MD	
DATE RECEIVED BY LOCAL REGISTRAR JUL 9 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, MD		25. FUNERAL DIRECTOR Geo. J. Schwab		ADDRESS 2101 Frederick Ave.	

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52 6368

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6368
Registered No.1. NAME OF DECEASED
(Type or Print)

NATHANIEL

LAZARUS

2. DATE
OF
DEATH

July 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

13-01

D. STREET ADDRESS (If rural, give location)

Madison Avenue and Cloverdale Road

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 15, 1888

9. AGE (In years
last birthday)

63

10. Under 1 Year
Months: Days

11 21

11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Manager

10B. KIND OF BUSINESS OR
INDUSTRY

Hutzler Bros.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Harry

14. MOTHER'S MAIDEN NAME

Ida Goldstein

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

215-05-4564

17. INFORMANT

ADDRESS

Mrs. Violet Lazarus Temple Gardens

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

J. H. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

7/7/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY, OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

JUL 9 - 1952

Huntington Williams, M.D.

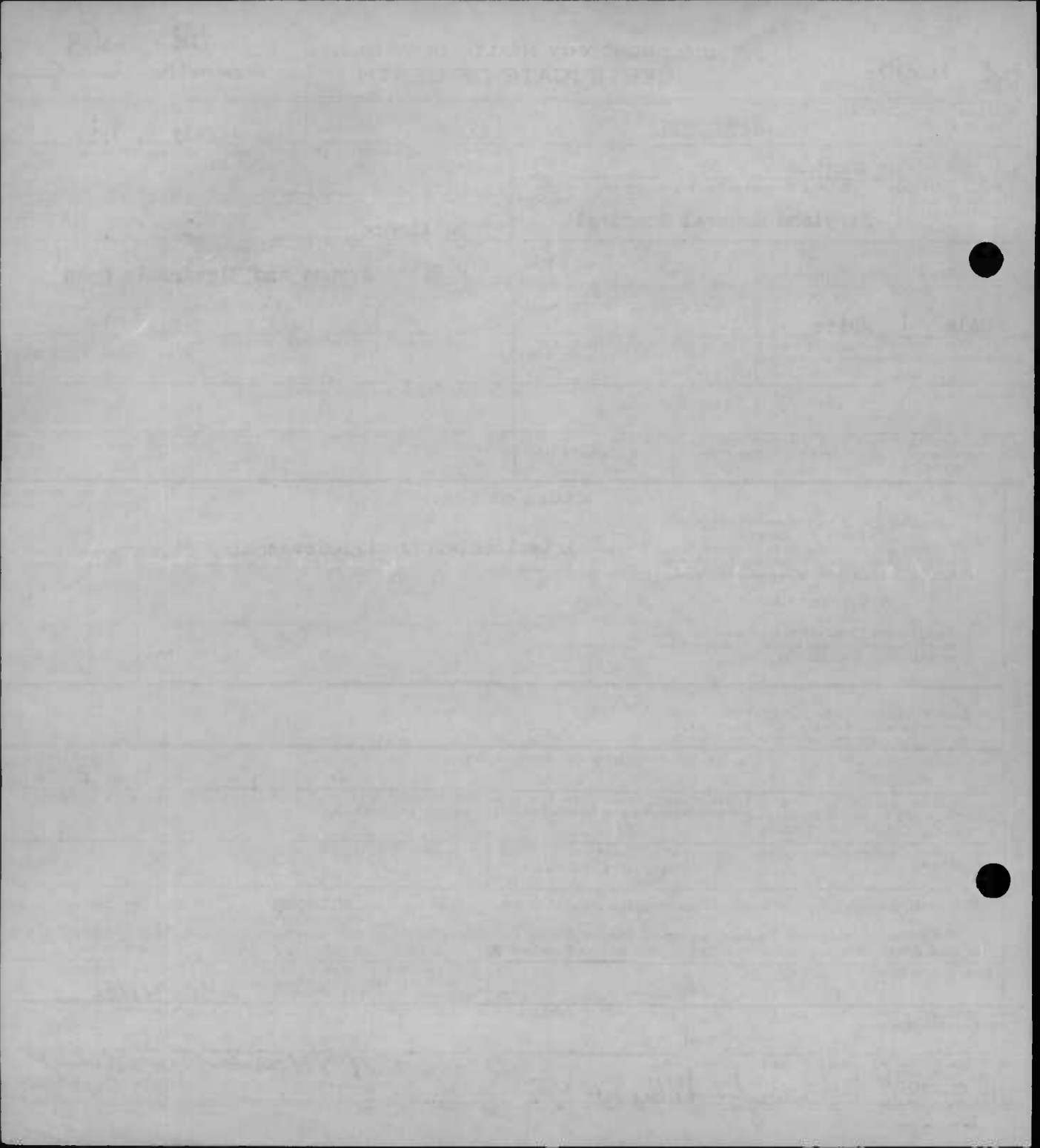
David B. Martin, 1902 Eutaw Pl. N.E.

V S 151

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Baltimore Md.

MEDICAL CERTIFICATION



SWITKES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6369

52 6369

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Mr. Isidore Switkes</i>		2. DATE OF DEATH <i>7-8-52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Levendale</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 15-13</i>	
C. Length of stay in Baltimore <i>10</i> Yrs. <i>10</i> Mos. <i>10</i> Days		D. STREET ADDRESS (If rural, give location) <i>2616 Osceago Ave</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>1885</i>
9. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>		10. KIND OF BUSINESS OR INDUSTRY <i>Wret.</i>	
11. BIRTHPLACE (State or foreign country) <i>Romania</i>		12. CITIZEN OF WHAT COUNTRY? <i>Not known</i>	
13. FATHER'S NAME <i>Chia</i>		14. MOTHER'S MAIDEN NAME <i>Not known</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Kelliane Switkes</i>		ADDRESS <i>- Same</i>	

18. <i>332X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Cerebral Thrombosis</i> DUE TO (B) <i>Arteriosclerosis</i> DUE TO (C) <i>None</i>	INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i> <i>years</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *6-18*, 19*52*, to *7-8*, 19*52*, that I last saw the deceased alive on *7-8*, 19*52*, and that death occurred at *6 a. m.*, from the causes and on the date stated above.

23A. SIGNATURE *Jerome Joachim Blum* M. D. 23B. ADDRESS *Levendale House* 23C. DATE SIGNED *7-8-52*

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>7-9-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Beth Isaac</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>9-9-1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Jack Lewis</i> ADDRESS <i>2100 Cectaw R</i>

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THE UNIVERSITY OF CHICAGO PRESS

CHICAGO, ILL. 60607

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52 6370BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6370

BIRTH NO. 52-14101

1. NAME OF DECEASED
(Type or Print)

Infant of Pauline Kess

(427198)

2. DATE
OF
DEATH

May 29, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION The Johns Hopkins Hospital4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY XC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 25-32

D. STREET ADDRESS (If rural, give location)

2914 Round Road - 25

C. Length of stay in Baltimore

Infant

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

-

8. DATE OF BIRTH

May 29, 1952

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

5

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Conrad Kess

14. MOTHER'S MAIDEN NAME

Pauline Finey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Hospital Records

ADDRESS

18. 750X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acrania

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 29, 1952 to May 29, 1952, that I last saw the deceased alive on May 29, 1952, and that death occurred at 8.45 Pm., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Buss by

M. D.

23B. ADDRESS

The Johns Hopkins Hospital

23C. DATE SIGNED

6/24/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR
JUL 5-1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

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52 6371

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6371

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ALFRED D. RILEY

2. DATE
OF
DEATH

July 4, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

St. Joseph's Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

4-02

D. STREET ADDRESS (If rural, give location)

720 W. Saratoga Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Oct. 1869

9. AGE (In years
last birthday)

83

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

reforer

10B. KIND OF BUSINESS OR
INDUSTRY

Construction

11. BIRTHPLACE (State or foreign country)

Jefferson Ga.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Jim Riley

14. MOTHER'S MAIDEN NAME

Hattie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Ed Few 720 W Saratoga

18. E 903.3

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Fracture of skull

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) Subdural and subarachnoid hemorrhage

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Arteriosclerotic cardiovascular disease
Cirrhosis of the liverINTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Pennsylvania Railroad tunnel

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Greenmount & Hoffman Streets

21D. TIME (Month) (Day) (Year) (Hour)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

Found:
July 4, 1952 8:30 P. m.WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

Apparently fell to ground and hit head

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

July 5, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 9 - 1952

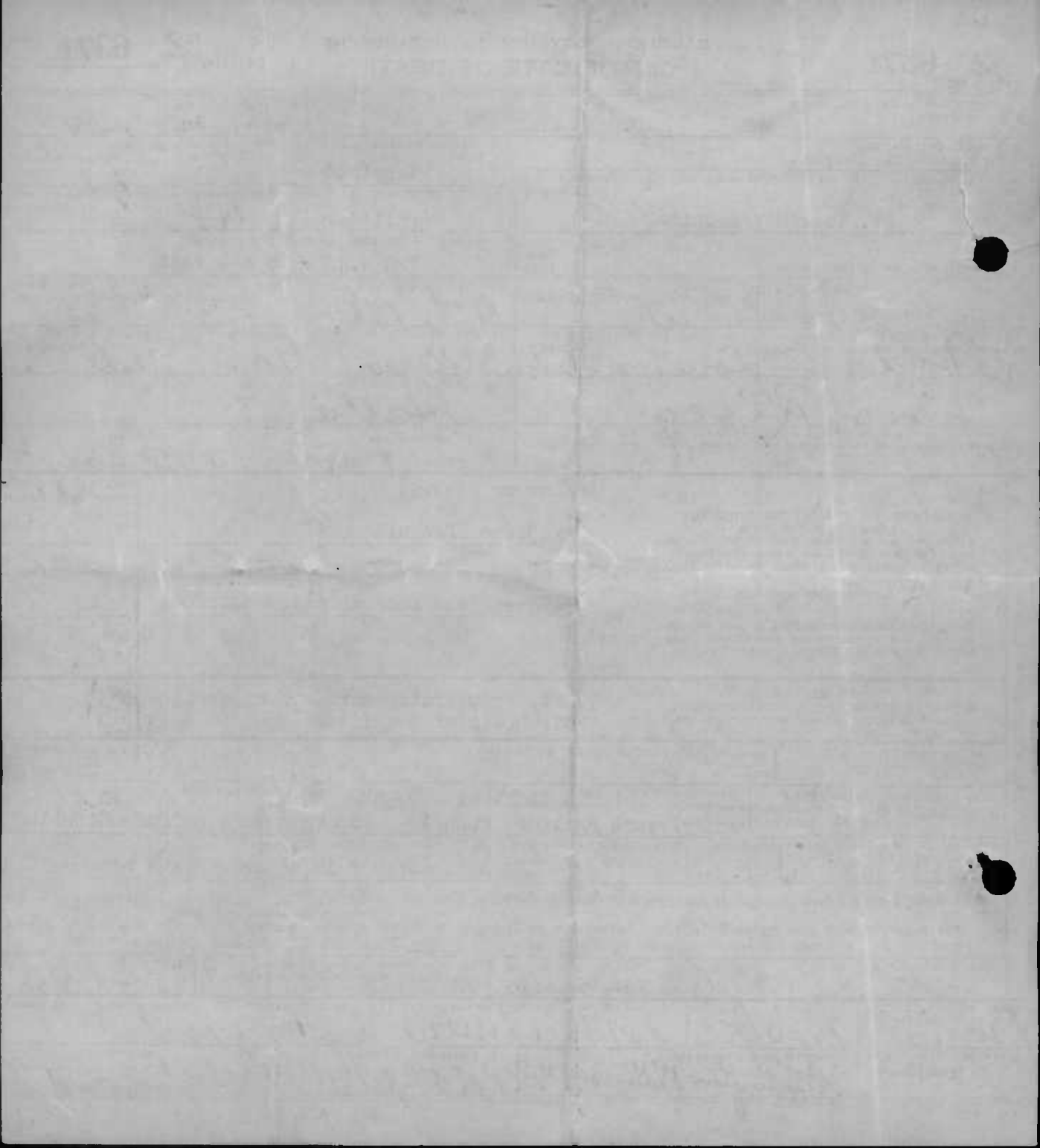
Huntington Williams, M.D. 7/10/52 W Calvary Cedar Hill

VS 151

N 803.2

Druid Hill

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6372**

BIRTH NO. **52 6372**

1. NAME OF DECEASED (Type or Print) LOUIS WEILLER		2. DATE OF DEATH July 8, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or city and state) Mt. Sinai Home 4613 Park Heights		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 2402 Brookfield Avenue		E. DISTRICT OR TOWNSHIP 13-01	
5. SEX Male		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July 1, 1878	
9. AGE (in years last birthday) 74		10. UNDER 1 Year: Months 7 Days 4	
11. BIRTHPLACE (State or foreign country) Russia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 111-111-1111	
17. INFORMANT Mrs. Rose Adelberg-2402 Brookfield Ave.		ADDRESS 2402 Brookfield Ave.	

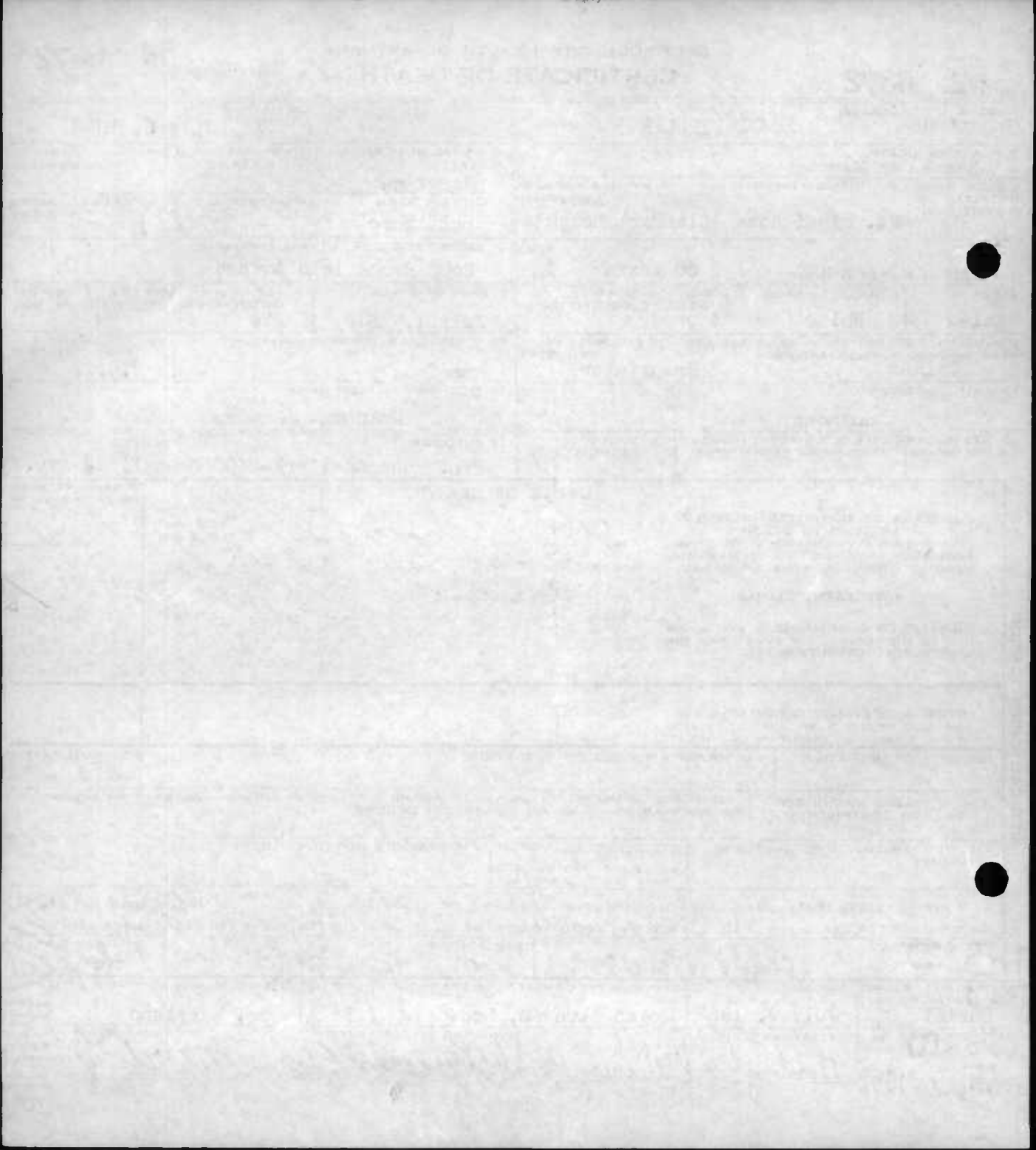
18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Arterio sclerosis, Cardio-vascular disease, Uremia	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO		
(C) DUE TO		

**II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT**

19A. DATE OF OPERATION July 8, 1952		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1, 1952 to July 8, 1952 , that I last saw the deceased alive on July 8, 1952 and that death occurred at 8:00 a.m. , from the causes and on the date stated above.					
23A. SIGNATURE Benj. Kader		23B. ADDRESS 2306 Eutaw Pl		23C. DATE SIGNED 7-9-52	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE July 9, 1952		24C. NAME OF CEMETERY OR CREMATORY Morgan Abraham, Rosedale		24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR JUL 9 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR 11247 North Avenue		ADDRESS 11247 North Avenue	

MEDICAL CERTIFICATION



520

52 6373

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6373
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Walter Thomas

2. DATE
OF
DEATH

July 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY

Md.

27-34

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 14

D. STREET ADDRESS (If rural, give location)

5401 Walther Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

7-29-189

9. AGE (In years
last birthday)

63

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Engineer

10B. KIND OF BUSINESS OR
INDUSTRY

Petroleum - Back River

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Thomas R.R.

14. MOTHER'S MAIDEN NAME

Alma Howard

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Vascular Accident

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Hypertension and arteriosclerosis
cardio-vascular disease

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-24-1952 to 7-8-1952 that I last saw the
deceased alive on 7-8-1952 and that death occurred at 7:00 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Lawrence E. Shulman, M.D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

7-8-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

7-11-52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Belair Rd.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John C. Miller Inc. - 2435 E. Oliver St

JUL 9 - 1952

VS 150

154150

MEDICAL CERTIFICATION

1000

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UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

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52 6374

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6374

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN KING

2. DATE
OF
DEATH

July 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Anne Arundel

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Weems Creek

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 18, 1915

9. AGE (in years
last birthday)

37

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Bulldozer Operator

10B. KIND OF BUSINESS OR
INDUSTRY

Construction

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Frank M. King

14. MOTHER'S MAIDEN NAME

Alice F. Cronmiller

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mario A. King Weems Creek, Md.

18. E823.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Crushing injury of chest

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

road

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Ritchie Highway - Glen Burnie

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

July 8, 1952 11:00 A.M.

21E. INJURY OCCURRED

WHILE AT
WORK ☒NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

Truck out of con-
trol, struck tree, threw driver on to
highway22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ASSISTANT MEDICAL EXAMINER ☐MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

July 8, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7-10-52

24C. NAME OF CEMETERY OR CREMATORY

St. Mary's

24D. LOCATION (City, town, or county)

Annapolis

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

JUL 9 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

W. J. Taylor & Son

ADDRESS

Annapolis, Md.

V S 151

N 862.2

522.24

MEDICAL CERTIFICATION

REPUBLIC OF THE PHILIPPINES
BUREAU OF LAND MANAGEMENT
OFFICE OF THE CHIEF OF BUREAU
MANILA

1911

TO THE HONORABLE SECRETARY OF AGRICULTURE
AND NATURAL RESOURCES
MANILA

FOR THE PURPOSE OF
OBTAINING A
LEASE OF LAND
FOR THE
CULTIVATION OF
SUGAR
CANE

IN THE
MUNICIPALITY OF
SANTA FE,
PROVINCE OF
SARANGANI,
DIOCESAN OF
CAGAYAN DE ORO

THE FOLLOWING
PERSONS
ARE
THE
APPLICANTS
FOR
THE
LEASE
OF
LAND
FOR
THE
CULTIVATION
OF
SUGAR
CANE

1. *[Name]*
2. *[Name]*
3. *[Name]*
4. *[Name]*
5. *[Name]*
6. *[Name]*
7. *[Name]*
8. *[Name]*
9. *[Name]*
10. *[Name]*

ALL OF WHOM
ARE
RESIDENTS
OF
THE
MUNICIPALITY
OF
SANTA FE,
PROVINCE
OF
SARANGANI,
DIOCESAN
OF
CAGAYAN
DE
ORO

AND
THEY
ARE
WILLING
TO
ENTER
INTO
A
LEASE
AGREEMENT
WITH
THE
BUREAU
OF
LAND
MANAGEMENT
FOR
THE
CULTIVATION
OF
SUGAR
CANE
ON
THE
LANDS
HEREIN
DESCRIBED

IN
WITNESS
WHEREOF
THEY
HAVE
HEREBY
SIGNED
AND
SEAL
THEIR
APPLICATION
THIS
1st
DAY
OF
JANUARY
1911

AT
MANILA

[Signature]
CHIEF OF BUREAU

654
52 6375

52 6375

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) *Sally L. Narnell*

2. DATE OF DEATH *July 8 - 1952*

3. PLACE OF DEATH:
A. Baltimore City, Maryland *2804 Brighton St.*

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE *Baltimore* B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION *Ballo, med*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) *Ballo, med*

D. STREET ADDRESS (If rural, give location) *16-07*

C. Length of stay in Baltimore *40 years* Yrs. _____ Mos. _____ Days _____

5. SEX *Female* 6. COLOR OR RACE *White* 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Widowed*

8. DATE OF BIRTH *Apr 24 - 1875* 9. AGE (in years last birthday) *77* If Under 1 Year Months: _____ Days: _____ If Under 24 Hours Hours: _____ Min: _____

10A. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) *House Work* 10B. KIND OF BUSINESS OR INDUSTRY _____

11. BIRTHPLACE (State or foreign country) *Chenestown, Pa.* 12. CITIZEN OF WHAT COUNTRY? *U.S.*

13. FATHER'S NAME *Thomas Shiffa* 14. MOTHER'S MAIDEN NAME *Lein Cullen Perry*

15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no or unknown) *no* 16. SOCIAL SECURITY NO. *none*

17. INFORMANT *Mrs. L. P. Davis* ADDRESS *2900 Duke*

18. *420.1* CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Coronary Occlusion* DUE TO _____

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____ DUE TO _____

(C) _____

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____

19A. DATE OF OPERATION *none* 19B. MAJOR FINDINGS OF OPERATION _____

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐ 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____

21D. TIME (Month) (Day) (Year) (Hour) INJURY _____ 21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from *July 5, 1952* to *July 8, 1952*, that I last saw the deceased alive on *July 7, 1952* and that death occurred at *3 A. m.*, from the causes and on the date stated above.

23A. SIGNATURE *John L. Narnell* M. D. 23B. ADDRESS *1219 Poppleton* 23C. DATE SIGNED *7/9/52*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *July 11, 1952* 24C. NAME OF CEMETERY OR CREMATORY *Friendship Cemetery* 24D. LOCATION (City, town, or county) (State) *Friendship, A.A. Co. Md.*

DATE RECEIVED BY LOCAL REGISTRAR *July 9/52* REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* 25. FUNERAL DIRECTOR *Wendy Funeral Home* ADDRESS *Galsville, Md.*

JUL 9 - 1952

MEDICAL CERTIFICATION

1997, 1998, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 26

52 6376

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6376
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARGARET A. Curley

2. DATE
OF
DEATH

July 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION COLONIAL Nursing

14. 4506 BORRENTO St. Balto. Md.

C. Length of stay in Baltimore

70 Yrs.
11 Mos.
17 Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Work

10B. KIND OF BUSINESS OR
INDUSTRY

at Home

13. FATHER'S NAME

Thomas Curley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, or unknown)

No

16. SOCIAL
SECURITY NO.

No -

8. DATE OF BIRTH

July 20, 1881 70

9. AGE (In years
last birthday)

70

11 Under 1 Year

Months: Days

11 17

11 Under 24 Hours

Hours: Min.

11 17

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Delia B. Gangher

17. INFORMANT

Mrs. Margaret M. Fear 4033 Belmont Ave

ADDRESS

18. 420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Sclerosis

(B)

DUE TO

Hypertensive Cardio
Vascular Disease
with atherosclerosis

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1950, to July 7, 1952, that I last saw the
deceased alive on July 7, 1952 and that death occurred at 10:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Margaret M. Fear

M. D.

23B. ADDRESS

3033 W. North Ave

23C. DATE SIGNED

7/5/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

July 10, 1952

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUL 9 - 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Edmund W. Conklin 924 E. Eager St.

ADDRESS

Dr. Byerly 9a
3033 W. North Ave

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 6377
Registered No. _____

BIRTH NO. _____		1. NAME OF DECEASED (Type or Print) Thomas S. Derda Sr.		2. DATE OF DEATH July 7, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore, Md.		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION Doctor's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
c. Length of stay in Baltimore 69 Yrs.		D. STREET ADDRESS (If rural, give location) 521 S. Luzerne Ave.			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 19, 1883	9. AGE (in years, last birthday) 68	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Processor		10B. KIND OF BUSINESS OR INDUSTRY Canning		11. BIRTHPLACE (State or foreign country) Poland	
13. FATHER'S NAME Stanislaw Derda		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT ADDRESS Helen Derda 2610 Beryl Ave.	

18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) <i>Pulmonary Tuberculosis</i> DUE TO (B) <i>Pulmonary Effusion</i> DUE TO (C) <i>Cardio Respiratory Failure</i>		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				

19A. DATE OF OPERATION _____		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Jan</i> , 19 <i>52</i> , to <i>July</i> , 19 <i>52</i> , that I last saw the deceased alive on <i>7/7</i> , 19 <i>52</i> , and that death occurred at <i>4:00</i> a. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Michio J. Januchi</i>		23B. ADDRESS <i>2711 Eastern Ave.</i>		23C. DATE SIGNED <i>7/9/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE July 11, 1952		24C. NAME OF CEMETERY OR CREMATORY Holy Rosary	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland		25. FUNERAL DIRECTOR ADDRESS B. Dabrowski 2818 E. Baltimore St.			

12708

100

52 6378

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6378

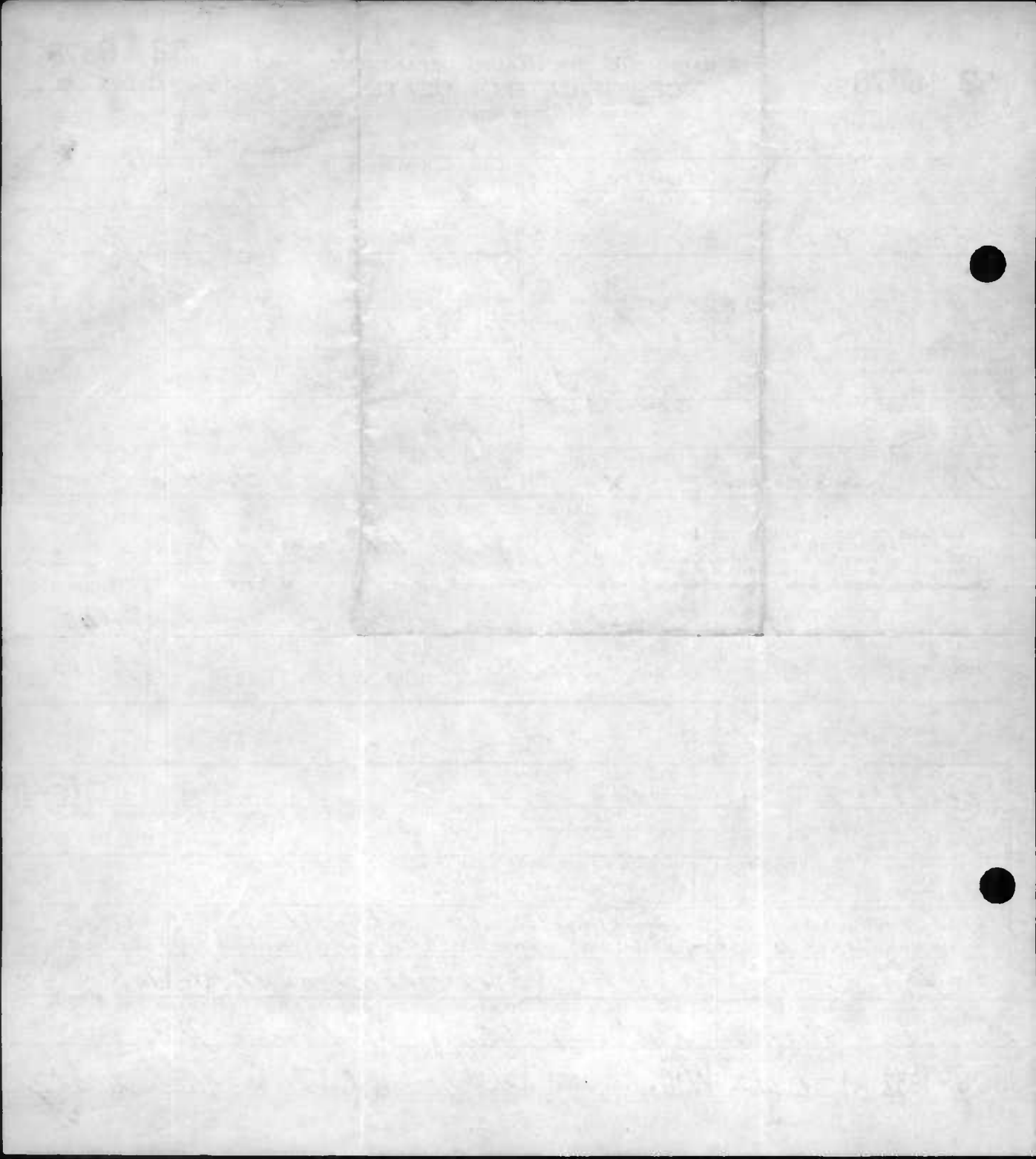
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>George Washington Kelly</i>				2. DATE OF DEATH <i>July 7, 1952</i>			
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>Baltimore, Md</i>				4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <i>Md</i> b. COUNTY <i>Baltimore</i>			
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>3809 ELLERSLIE AVE</i>				c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 18 Md</i>			
c. Length of stay in Baltimore Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>				d. STREET ADDRESS (If rural, give location) <i>7-01</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Feb. 22, 1891</i>	9. AGE (In years last birthday) <i>61</i>	10. Under 1 Year Months: <i>0</i> Days: <i>0</i> Hours: <i>0</i> Min.	11. Under 24 Hours Hours: <i>0</i> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Civil Engineer</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Baltimore City</i>			
13. FATHER'S NAME <i>Michael Kelly</i>				12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>Yes Army - World War I</i>				16. SOCIAL SECURITY NO. <i>X</i>			
17. INFORMANT <i>Donald Kelly (son of deceased)</i>				ADDRESS			
18. <i>191X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>Metastatic Malignancy of Brain</i> (A) DUE TO <i>Epithelioma, Eye lid removed</i> (B) DUE TO <i>Secondary Carcinoma</i> (C)				INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i> <i>4/1948</i> <i>2 years.</i>			
II DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19a. DATE OF OPERATION <i>April 1948</i>				19b. MAJOR FINDINGS OF OPERATION <i>Epithelioma of Eye lid.</i>			
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>Dec. 14, 1951</i> , to <i>July 7, 1952</i> , that I last saw the deceased alive on <i>July 6, 1952</i> and that death occurred at <i>8:30 A.M.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>Darius R. Raggett</i>				23b. ADDRESS <i>3812 Greenmount Ave.</i>		23c. DATE SIGNED <i>July 7 '52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>7/10/52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Baltimore National</i>		24d. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 9 - 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR ADDRESS <i>H. H. Mearns & Son - 805 N. Calvert St.</i>			

0435G

MEDICAL CERTIFICATION



52 6379

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6379
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DENNIS JOSEPH

TOOMEY, Jr.

2. DATE
OF
DEATH

July 6, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Lutheran Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

707 Lennox Street

C. Length of stay in Baltimore

3

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Mar. 20, 1905

9. AGE (In years
last birthday)

47

10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Secretary

10B. KIND OF BUSINESS OR
INDUSTRY

B. & O. Railroad

11. BIRTHPLACE (State or foreign country)

Brooklyn, N. Y.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Dennie Joseph Toomey, Sr.

14. MOTHER'S MAIDEN NAME

Lula Harten

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. O. J. Nelson 707 Lennox Street

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Lipoid Pneumonia

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. F. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

7/7/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7/10/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

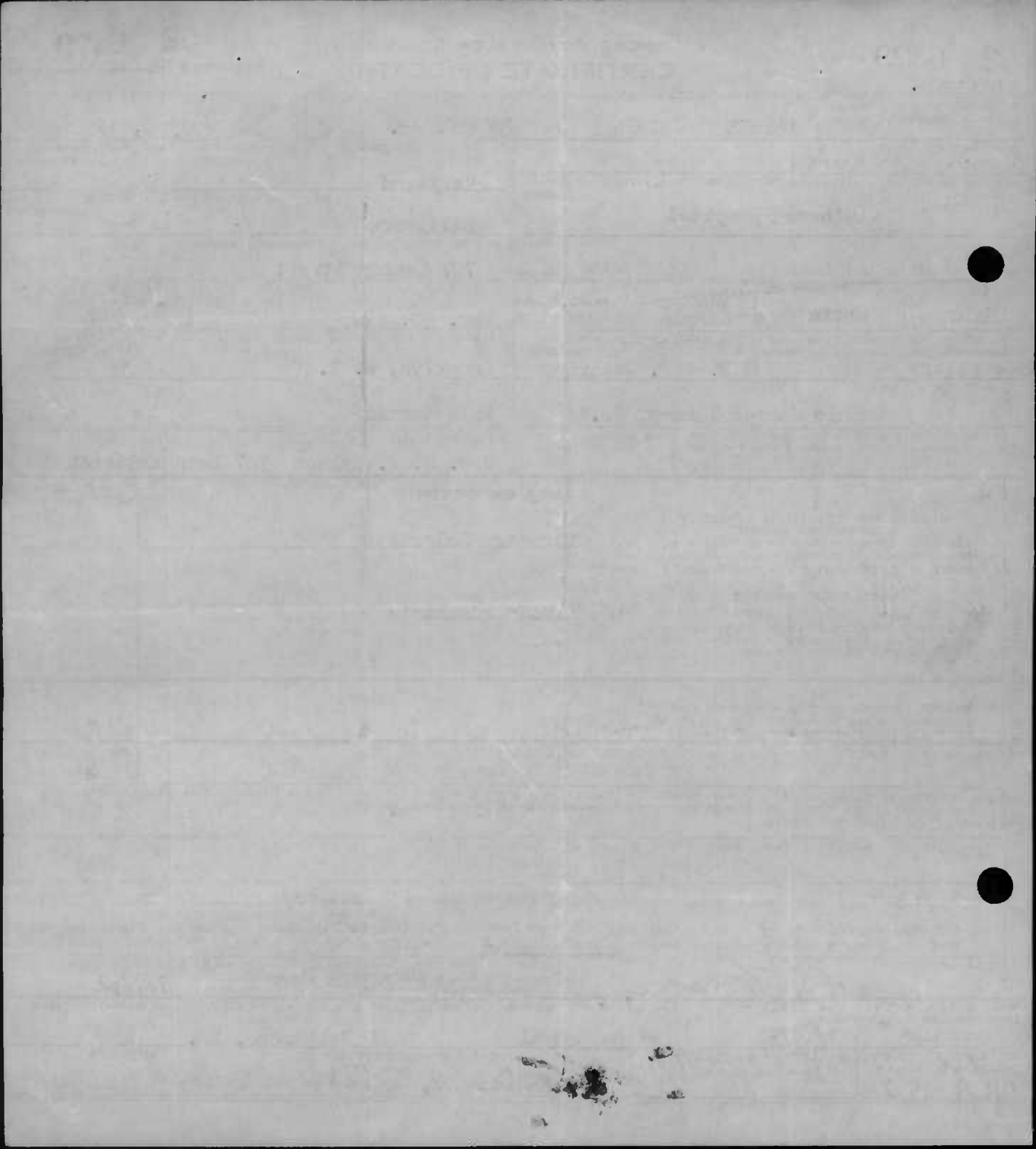
W. H. Williams, 205 N. Calver St.

JUL 9 - 1952

VS 151

35050

MEDICAL CERTIFICATION



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6380
Registered No.

BIRTH NO. 52 6380

1. NAME OF DECEASED (Type or Print) Elsie W. Plummer		2. DATE OF DEATH July 8, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland HHN 2		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Arkansas B. COUNTY V-43	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Eldorado	
D. STREET ADDRESS (If rural, give location) 715 East Block		5. SEX Female 6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH 3-28-52	
9. AGE (In years last birthday) 3		10. CITIZEN OF WHAT COUNTRY? Arkansas	
11. BIRTHPLACE (State or foreign country) Arkansas		12. CITIZEN OF WHAT COUNTRY? Arkansas	
13. FATHER'S NAME Chas. Plummer		14. MOTHER'S MAIDEN NAME Barbara Carper	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS JOHNS HOPKINS HOSPITAL	

18. 754.4	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Myocardial Infarction	3 weeks
ANTECEDENT CAUSES	DUE TO	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Arteriosclerosis Coronary Artery	3 1/2 months
	DUE TO	
	(C)	

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION July 8, 1952	19B. MAJOR FINDINGS OF OPERATION Arteriosclerosis Left Coronary Artery	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **June 30, 1952** to **July 8, 1952** that I last saw the deceased alive on **July 7, 1952** and that death occurred at **2:30 p.m.**, from the causes and on the date stated above.23A. SIGNATURE **Marianna Olds, M.D.** 23B. ADDRESS **JOHNS HOPKINS HOSPITAL** 23C. DATE SIGNED **July 5, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 7/9/52	24C. NAME OF CEMETERY OR CREMATORY Marianna	24D. LOCATION (City, town, or county) (State) Arkansas
DATE RECEIVED BY LOCAL REGISTRAR JUL 9 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS John A. Moran 3000 E. Balto. St	

6300

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1911
11-11-11

Arbanas -
Edwards -
The First Church

Female White

My certificate for the
above named person is hereby
certified to be correct.

July 8 1911

1911

1911

52 6381

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6381

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John E Hoffman

2. DATE
OF
DEATH

7/8/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Univ Hoop.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Middle River 5254

D. STREET ADDRESS (If rural, give location)

Box 721 Howard Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Nov. 29-1905

9. AGE (In years
last birthday)

46

If Under 1 Year
Months: Days

7 9

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Penn.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frank Hoffman

14. MOTHER'S MAIDEN NAME

Sally Wickline

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

?

16. SOCIAL
SECURITY NO.

189-09-0457

17. INFORMANT

Mrs Hoffman

ADDRESS

same ↑

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) coronary
thrombosis
DUE TO

12 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/8, 1952, to 7/8, 1952, that I last saw the
deceased alive on 11:55 AM, 7/8, and that death occurred at 11:55 AM, from the causes and on the date stated above.

23A. SIGNATURE

William L Heimer M. D.

23B. ADDRESS

Univ Hoop

23C. DATE SIGNED

7/8/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

July 11-52

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart

24D. LOCATION (City, town, or county)

German Hill Rd. Balt. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams M.D.

25. FUNERAL DIRECTOR

ADDRESS

Mrs S. Connelly Essex

JUL 9 - 1952

VS 150

5603A

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

1911-1912

1911-1912

1911-1912

1911-1912

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1911-1912

1911-1912

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 6382
Registered No.

652
52 6382
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Betty Bearinger		2. DATE OF DEATH July 8, 52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ind. B. COUNTY Balto	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) East Route 1 Bontio	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 5354	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (specify) Married	8. DATE OF BIRTH July 5, 1904
9. AGE (in years last birthday) 48		10. CITIZEN OF WHAT COUNTRY? Ind.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Housewife	
13. FATHER'S NAME Frank Young		14. MOTHER'S MAIDEN NAME Anna McCully	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	

18. 199.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinomatosis - Pelvis origin??	CAUSE OF DEATH Carcinomatosis - Pelvis origin??	INTERVAL BETWEEN ONSET AND DEATH 12 hrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) DUE TO (B) DUE TO (C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 7-12-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 8, 1952 to July 8, 1952 that I last saw the deceased alive on July 8, 1952 and that death occurred at 12 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE H. C. Schumann		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 7-12-52		24C. NAME OF CEMETERY OR CREMATORY Calvary M. E. Cemetery	
24D. LOCATION (City, town, or county) (State) Harford Co. Md.		25. FUNERAL DIRECTOR S. L. Brzdzinski		ADDRESS 1407 Eastern Ave	
DATE RECEIVED BY LOCAL REGISTRAR JUL 9 - 1952					
REGISTRAR'S SIGNATURE Huntington Williams					

CHIEF

UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

July 23

1914

Plant Industry

1914

1914

1914

1914

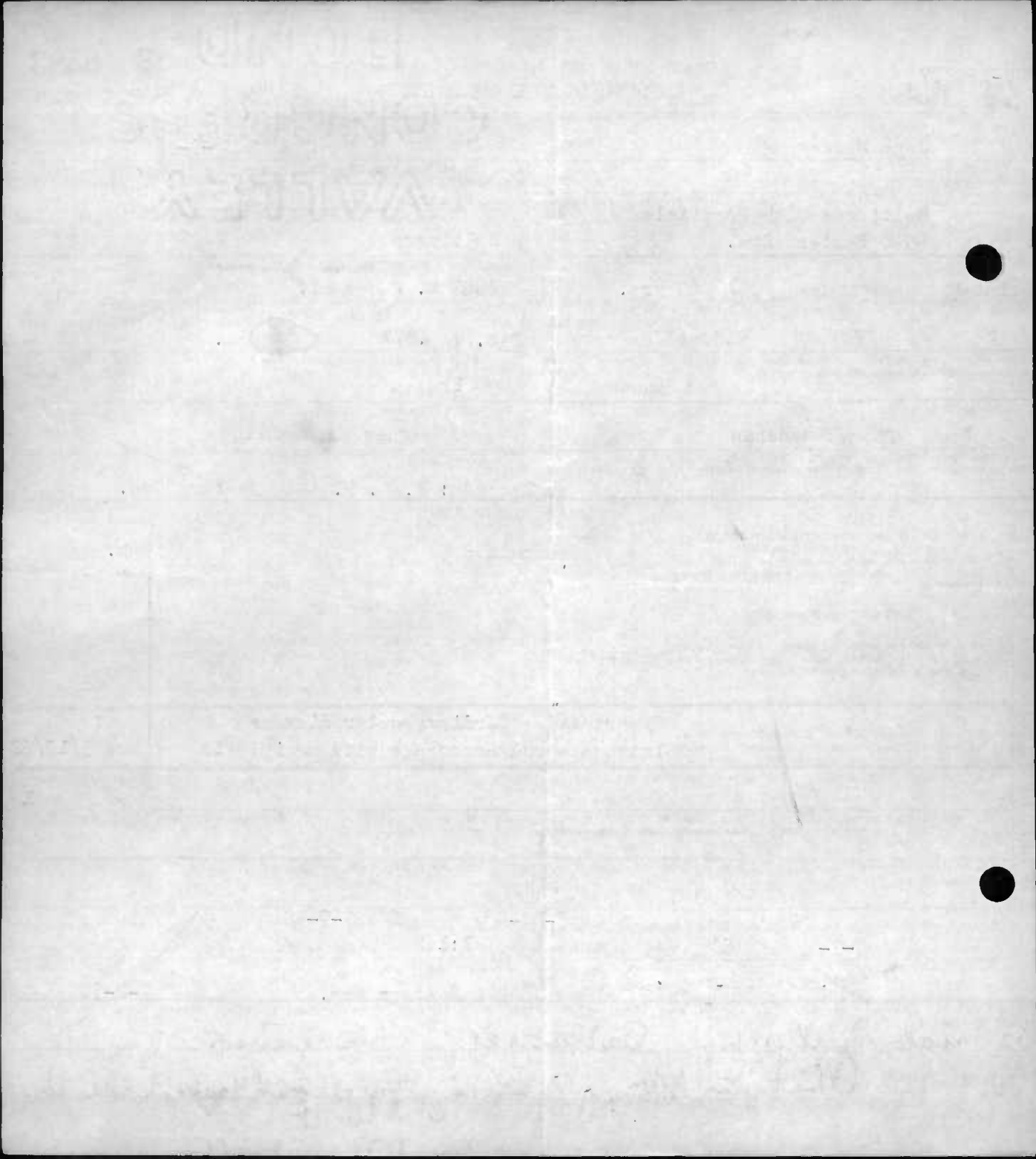
1914

560
MC-159327
BIRTH NO. 6383BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6383
Registered No.

1. NAME OF DECEASED (Type or Print) Jane Mooney		2. DATE OF DEATH 7-7-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 8-03	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 60 yrs.		D. STREET ADDRESS (If rural, give location) 2642 E. Chase St.	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Dec. 6, 1877
9. AGE (In years last birthday) 74 yrs.		10. Under 1 Year Months: Days: Hours: Min.	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY At Home	
11. BIRTHPLACE (State or foreign country) Ireland		12. CITIZEN OF WHAT COUNTRY? U S	
13. FATHER'S NAME Thomas Benahan		14. MOTHER'S MAIDEN NAME Agnes McLaughlin	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Records: B. C. H.		ADDRESS 4940 Eastern Ave.	

18. 493x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pneumonia CAUSE OF DEATH (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 1 wk.
ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertensive Cardiovascular disease Intracerebral Hemorrhage with Hemiplegia		? since 5/19/52

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-21-1952 , to 7-7-52 , 19__, that I last saw the deceased alive on 7-7- , 19 52 , and that death occurred at 1:15P m., from the causes and on the date stated above.					
23A. SIGNATURE J. S. Cozart		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 7-7-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE July 11, 1952		24C. NAME OF CEMETERY OR CREMATORY Cathedral	
24D. LOCATION (City, town, or county) (State) Baltimore		25. FUNERAL DIRECTOR Rita Wiedefeld 900 E. Biddle St.			
DATE RECEIVED BY LOCAL REGISTRAR JUL 9 - 1952		REGISTRAR'S SIGNATURE Huntington Williams			



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6384

BIRTH NO. 52 6384

1. NAME OF DECEASED (Type or Print) LORETTA STOTTLEMYER		2. DATE OF DEATH July 7, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland BALTIMORE City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 604 S. Chapel St		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2-03	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 604 S. Chapel St	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan 4, 1903
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 49 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
13. FATHER'S NAME		11. BIRTHPLACE (State or foreign country) New York	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U. S. A	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Margreth Curtin	
17. INFORMANT Roy Stottlemeyer		ADDRESS 312 N Chapel St	

18. 151X	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) Carcinoma of Stomach	Unknown
ANTECEDENT CAUSES	DUE TO with Metastasis	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(B) Carcinoma of Lungs	Unknown
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	(C)	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April 14, 1952 , to July 7, 1952 , that I last saw the deceased alive on July 7, 1952 , and that death occurred at 1:17 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE Philip Artigiani M. O.		23B. ADDRESS 2942 E. Fayette St.		23C. DATE SIGNED July 9, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE July 10 1952		24C. NAME OF CEMETERY OR CREMATORY Sacred Heart	
24D. LOCATION (City, town, or county) Trappe Road		24E. (State) Md		24F. FUNERAL DIRECTOR Wendell J. Deppel	
24G. DATE RECEIVED BY LOCAL REGISTRAR JUL 9 - 1952		24H. REGISTRAR'S SIGNATURE Huntington Williams		24I. ADDRESS 312 S. Highland Ave	

MEDICAL CERTIFICATION

CLINICAL DEATH

CLINICAL DEATH

CLINICAL DEATH

CLINICAL DEATH

CLINICAL DEATH

CLINICAL DEATH

CLINICAL DEATH

362
2 6385
REA-132743BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6385

1. NAME OF DECEASED (Type or Print) Warren Patterson		2. DATE OF DEATH June 25, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto, City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR Baltimore City Hospitals INSTITUTION 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) B. C. H. 4940 Eastern Avenue	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH March 29, 1885
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman		10B. KIND OF BUSINESS OR INDUSTRY On General	9. AGE (In years last birthday) 67 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME (D)		14. MOTHER'S MAIDEN NAME (D)	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Records: B. C. H. 4940 Eastern Avenue		ADDRESS	
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO ANTECEDENT CAUSES Hypertensive Arteriosclerotic Cardiovascular Disease DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 10-19 , 19 49 , to 6-25 , 19 52 , that I last saw the deceased alive on 6-25 , 19 52 , and that death occurred at 6:20 A.M. , from the causes and on the date stated above.			
23A. SIGNATURE E. J. Choyce		23B. ADDRESS 4940 Eastern Avenue	
23C. DATE SIGNED 7-7-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7-8-52	
24C. NAME OF CEMETERY OR CREMATORY mt calvary cem.		24D. LOCATION (City, town, or county) (State) Brooklyn md	
DATE RECEIVED BY LOCAL REGISTRAR JUL 9-1952		REGISTRAR'S SIGNATURE Huntington Williams	
FUNERAL DIRECTOR Choyce Wilson 1000 Beauty		ADDRESS	

UNITED STATES DEPARTMENT OF HEALTH
BUREAU OF PUBLIC HEALTH
DIVISION OF VETERINARY MEDICINE
WASHINGTON, D. C.

REPORT OF THE
COMMISSIONER OF HEALTH
ON THE
ANNUAL REPORT OF THE
BUREAU OF PUBLIC HEALTH
FOR THE YEAR 1900

THE
BUREAU OF PUBLIC HEALTH
HAS THE HONOR TO
ACKNOWLEDGE THE RECEIPT OF
THE ANNUAL REPORT OF THE
BUREAU OF PUBLIC HEALTH
FOR THE YEAR 1900

THE
BUREAU OF PUBLIC HEALTH
HAS THE HONOR TO
ACKNOWLEDGE THE RECEIPT OF
THE ANNUAL REPORT OF THE
BUREAU OF PUBLIC HEALTH
FOR THE YEAR 1900

155
BZK-156987
6386

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6386
Registered No.

1. NAME OF DECEASED (Type or Print) Annie Chapman			2. DATE OF DEATH 7-4-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto. City			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 5-01		
5. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospital 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, give township) Baltimore		
6. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 417 N. Eden St.		
7. SEX Female	8. COLOR OR RACE Negro	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated	10. DATE OF BIRTH Jan. 7, 1898	11. AGE (in years last birthday) 54	12. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic at home			14. BIRTHPLACE (State or foreign country) Md.		
15. CITIZEN OF WHAT COUNTRY? U. S.			16. FATHER'S NAME William Howard		
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no			18. SOCIAL SECURITY NO.		
19. MOTHER'S MAIDEN NAME Annie Campher			20. INFORMANT Records: B.C. H.		
21. ADDRESS 4940 Eastern Ave.			22. CHECK		

18. 002X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Tuberculous Meningitis		5 mos.	
DUE TO					
ANTECEDENT CAUSES		(B) Pulmonary Tuberculosis		Unknown	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
		(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION 2-25-52		19B. MAJOR FINDINGS OF OPERATION Bilateral Trophines for Diagnostic Purposes		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
22A. TIME (Month) (Day) (Year) (Hour) INJURY		22B. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		22C. HOW DID INJURY OCCUR?	
23. I hereby certify that I attended the deceased from 2-24 , 19 52 , to 7-4 , 19 52 , that I last saw the deceased alive on 7-4 , 19 52 , and that death occurred at 4:15 Pm. , from the causes and on the date stated above.					
23A. SIGNATURE P. S. Coogan		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 7-5-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7-8-52		24C. NAME OF CEMETERY OR CREMATORY Brooklyn Cem.	
24D. LOCATION (City, town, or county) (State) Brooklyn Md		24E. NAME OF FUNERAL DIRECTOR Chas. Wilson		24F. ADDRESS 1111 B. County	
DATE RECEIVED BY LOCAL REGISTRAR JUL 9 - 1952		REGISTRAR'S SIGNATURE Huntington Williams		7208A	

MEDICAL CERTIFICATION

100-2446

WALTER
CONGRISS
BOND

AMERICAN UNITED LIFE INSURANCE CO.
NEW YORK, N.Y.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 6387

BIRTH NO. 200 6387

1. NAME OF DECEASED (Type or Print) SADIE BEES			2. DATE OF DEATH 7/8/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>University Hosp.</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 21-01		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 750 McHenry St.		
5. SEX F	6. COLOR OR RACE N	7. SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED DIVORCED (Specify)	8. DATE OF BIRTH Nov 27, 1876		9. AGE (In years last birthday) 75
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MD.
13. FATHER'S NAME Cornelius Sanble			14. MOTHER'S MAIDEN NAME Matilda Barthold		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Patent ADDRESS		

18. 199.9 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Imperable Carcinoma	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 290
(A) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION Imperable malignancy		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		

21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	21F. HOW DID INJURY OCCUR?
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		

22. I hereby certify that I attended the deceased from 7-1, 1952 to 7-8, 1952 that I last saw the deceased alive on 7-8, 1952, and that death occurred at 3⁰⁰ A.m., from the causes and on the date stated above.

23A. SIGNATURE George C Alderman M. D. 23B. ADDRESS University Hosp 23C. DATE SIGNED 7/8/52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7/11/52	24C. NAME OF CEMETERY OR CREMATORY St. Abraham's Cemetery	24D. LOCATION (City, town, or county) (State) Bockleysville, Maryland
DATE RECEIVED BY LOCAL REGISTRAR JUL 9 - 1952		REGISTRAR'S SIGNATURE <u>Huntington Williams, M.D.</u>	
FUNERAL DIRECTOR <u>Wm. Book, Inc.</u>		ADDRESS <u>1217 St. Paul St.</u>	

MINISTRE DU SÉCRÉTARIAT
CERTIFICATE OF DEATH

Form with multiple sections for death certificate registration, including fields for name, date, and location. The form is mostly blank with some faint markings and a large circular stamp in the center.

Large circular stamp in the center of the page, likely a registration or archival mark.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 6388

640
2 6388

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <u>Carolyn N. Crowley</u>			2. DATE OF DEATH <u>July 8 '1952</u>			
3. PLACE OF DEATH: <u>Baltimore City, Maryland</u>			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____						
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Maryland General Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>						
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <u>1652 Normal Ave.</u>						
5. SEX <u>F.</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 22 '1870</u>		9. AGE (In years last birthday) <u>81</u>		10 Under 1 Year Months: _____ Days: _____	11 Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>			11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>American</u>	
13. FATHER'S NAME <u>Louis Matthaei</u>			14. MOTHER'S MAIDEN NAME <u>Elizabeth Eckhardt</u>			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) (Yes, no or unknown)			
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS						

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease - cardiac decompensation
DUE TO

(B) Myocardial infarction
DUE TO

?

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 13, 1952, to July 8, 1952; that I last saw the deceased alive on July 8, 1952, and that death occurred at 12:45 P.m., from the causes and on the date stated above.

23A. SIGNATURE <u>Sam Jui Lin</u>		23B. ADDRESS <u>Mt. Olivet</u>		23C. DATE SIGNED <u>July 8 '52</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <u>7/10/52</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet</u>	
24D. LOCATION (City, town, & county) (State) <u>Balto. Md.</u>		25. FUNERAL DIRECTOR <u>Wm. Cook Inc. 1217 St. Paul St.</u>			

DATE RECEIVED BY LOCAL REGISTRAR

JUL 9 - 1952

REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

25. FUNERAL DIRECTOR ADDRESS
Wm. Cook Inc. 1217 St. Paul St.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6389**

642
52 6389

1. NAME OF DECEASED (Type or Print) WILBUR WALTER HURLOCK		2. DATE OF DEATH 7-8-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) UNION MEMORIAL HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE-10 12-01	
c. Length of stay in Baltimore LIFETIME Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 108 W. UNIVERSITY PARKWAY	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1-14-79
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED Agt.		10B. KIND OF BUSINESS OR INDUSTRY Insurance	9. AGE (in years last birthday) 73
13. FATHER'S NAME RAWLINGS HURLOCK		11. BIRTHPLACE (State or foreign country) MARYLAND	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		12. CITIZEN OF WHAT COUNTRY? USA	
16. SOCIAL SECURITY NO. 212-01-3548		14. MOTHER'S MAIDEN NAME KATE EVANS	
17. INFORMANT WIFE		ADDRESS SAME	

18. 420.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) myocardial infarction DUE TO		INTERVAL BETWEEN ONSET AND DEATH 4 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Coronary occlusion DUE TO arteriosclerosis DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 7-7-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **7-4-1952**, to **7-8-1952**, that I last saw the deceased alive on **7-7-1952**, and that death occurred at **10:53A.m.**, from the causes and on the date stated above.

23A. SIGNATURE Georgia Reynolds	M. D.	23B. ADDRESS Union Memorial Hospital	23C. DATE SIGNED 7-8-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7/10/52	24C. NAME OF CEMETERY OR CREMATORY Church Hill Cem.	24D. LOCATION (City, town, or county) (State) Queen Anne's Co., Md.
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DATE RECEIVED BY LOCAL REGISTRAR JUL 9 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. J. Tichauer & Sons	ADDRESS Balto 12 Md.
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45073

Balto 12 Md.

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6390**

1. NAME OF DECEASED (Type or Print) HENRY N. ELLINGHAUS		2. DATE OF DEATH 7.8.52	
3. PLACE OF DEATH: A. Baltimore City, Maryland 3813 4th Ave.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore 25-06	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 3813 4th Ave. - WAGNER ST.	
5. SEX M.	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 1.13.1873
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ELECTRICIAN		10B. KIND OF BUSINESS OR INDUSTRY WAGNER CO.	
13. FATHER'S NAME Theodore		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No.		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	
Family - SAME.			

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic C. V. disease		INTERVAL BETWEEN ONSET AND DEATH years
(A) DUE TO		
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(B) DUE TO		
(C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from April , 1952, to July 8 , 1952, that I last saw the deceased alive on July 8 , 1952, and that death occurred at 2 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE Sidney R. Schur		23B. ADDRESS 4700 Pennington Ave.		23C. DATE SIGNED July 8, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 7.12.52		24C. NAME OF CEMETERY OR CREMATORY Holy Cross	
				24D. LOCATION (City, town, or county) (State) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR JUL 9 - 1952		REGISTRAR'S SIGNATURE Huntington Williams, MD.		25. FUNERAL DIRECTOR James L. Delaney	
				ADDRESS 638 FORT AVE.	

STATE OF NEW YORK
CERTIFICATE OF DEATH

DECEASED

NAME
AGE

DATE OF DEATH

PLACE OF DEATH

Cause of Death

Signature of Physician

Signature of Registrar

Signature of Coroner

Signature of Medical Examiner

Signature of Burial Officer

Signature of Undertaker

Signature of Funeral Home

Signature of Cemetery

Signature of Interment

Signature of Burial

Signature of Burial

Signature of Burial

Signature of Burial

Signature of Burial

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Signature of Burial

Signature of Burial

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6391**

543
52 6391
BIRTH NO.

1. NAME OF DECEASED (Type or Print) JAMES A. DONALDSON			2. DATE OF DEATH 7/7/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland 3801 HANOVER ST.			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write rural and give township) BALTIMORE		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 3801 HANOVER STREET		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 3/26/1890	9. AGE (In years last birthday) 62	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GEN. CONTRACTOR		10B. KIND OF BUSINESS OR INDUSTRY SELF	11. BIRTHPLACE (State or foreign country) BALTIMORE		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME JAMES A.			14. MOTHER'S MAIDEN NAME MARY A. EDWARDS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) YES WW # I		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS FAMILY - SAME		

18. 422.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH <i>See Section of lungs</i> (A) DUE TO (B) DUE TO <i>myocardial cordis + insuffic of the heart</i> (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 7/11/52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 7-7 , 19 52 , to 7-7 , 19 52 , that I last saw the deceased alive on 7-7 , 19 52 , and that death occurred at 1 P m., from the causes and on the date stated above.				
23A. SIGNATURE <i>Eugene Quigley</i> M.D.		23B. ADDRESS 3904 S Hanover		23C. DATE SIGNED 7-9-52
24A. BURIAL, CREMATION, REMOVAL (Specify) B	24B. DATE 7/11/52	24C. NAME OF CEMETERY OR CREMATORY BALTIMORE NATIONAL	24D. LOCATION (City, town, or county) (State) BALTIMORE, MARYLAND	
DATE RECEIVED BY LOCAL REGISTRAR JUL 9 - 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams</i> 25. FUNERAL DIRECTOR ADDRESS JAMES L. MCCULLY - 130 EAST FORT AVENUE		

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623
52 6392BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6392

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Elizabeth Wright

2. DATE
OF
DEATH

July 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

18 E. Lafayette Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widow10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Joseph Buskirk

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

Nov. 5, 1877

9. AGE (in years
last birthday)

74

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Caroline Labar

17. INFORMANT

ADDRESS

Jos. Wright 18 E. Lafayette Ave.

18. 444X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Myo-Carditis; Acute Dilatation Heart

2 Days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)

Arteriosclerosis

Chronic Refractive Hypertension

Years

Year

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1941 to July 9, 1952 that I last saw the
deceased alive on July 8, 1952 and that death occurred at 10 A. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

7-10-52

24C. NAME OF CEMETERY OR CREMATORY

St. John's Cemetery

24D. LOCATION (City, town, or county) (State)

Bangor, Pennsylvania

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 9 - 1952

Huntington Williams, M.D.

Wm. Cook Inc.

1217 St. Paul St.

460
2 6393

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6393

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) *Archie B Eyles*

2. DATE OF DEATH *July 9-52*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE *md* B. COUNTY *Carroll*

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION *2641 Penna Ave*

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Middleburg

7. STREET ADDRESS (If rural, give location)
5600

8. Length of stay in Baltimore
Yrs. *14* Mos. *Days*

9. SEX *M*

10. COLOR OR RACE *N.*

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

12. DATE OF BIRTH
March 7-1880

13. AGE (In years last birthday) *72*

14. Under 1 Year Months: Days

15. Under 24 Hours Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Building contractor self employed

17. KIND OF BUSINESS OR INDUSTRY

18. BIRTHPLACE (State or foreign country)
Carroll Co

19. CITIZEN OF WHAT COUNTRY?
U.S.

20. FATHER'S NAME
Washington Eyles

21. MOTHER'S MAIDEN NAME
Unknown

22. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)
none

23. SOCIAL SECURITY NO.
217-14-2880

24. INFORMANT
Arthur Eyles ADDRESS *9110 Old Maryland Rd Towson Md*

25. CAUSE OF DEATH

26. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
Cardiac Decompensation

27. ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
Cardio Vascular Renal disease

28. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Alcoholism

29. DATE OF OPERATION

30. MAJOR FINDINGS OF OPERATION

31. AUTOPSY?
YES ☐ NO ☐

32. 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

33. 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

34. 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

35. 21D. TIME (Month) (Day) (Year) (Hour)

36. 21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE AT WORK ☐

37. 21F. HOW DID INJURY OCCUR?

38. I hereby certify that I attended the deceased from *June 24, 1952* to *July 9, 1952* that I last saw the deceased alive on *July 8, 1952* and that death occurred at *1 P.m.*, from the causes and on the date stated above.

39. 23A. SIGNATURE
Joseph F. Friedman M. D.

40. 23B. ADDRESS
404 E. North Ave

41. 23C. DATE SIGNED
July 9, 1952

42. 24A. BURIAL, CREMATION, REMOVAL (Specify)
Buried

43. 24B. DATE
July 12-52

44. 24C. NAME OF CEMETERY OR CREMATORY
Waukesha Cem.

45. 24D. LOCATION (City, town, or county) (State)
Keymar Carroll Co

46. DATE RECEIVED BY LOCAL REGISTRAR
JUL 9-1952

47. REGISTRAR'S SIGNATURE
Huntington Williams, M.D.

48. FUNERAL DIRECTOR
E. O. Ferguson

49. ADDRESS
Towson

VS 150

29024

8208

25

CERTIFICATE OF DEATH

8208

[Faint, illegible text, likely bleed-through from the reverse side of the page. The text appears to be a certificate of death, containing fields for name, date, and place of death.]

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

52 6394

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mrs Barbara Hoff

2. DATE
OF
DEATH

July 7, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Bon Secours Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Female

white

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Housewife

13. FATHER'S NAME

Nicholas Batz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

3/21/80

9. AGE (In years last birthday)

72

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Mary Wunder

17. INFORMANT

Mr. Joseph J. Hoff

ADDRESS

Same

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Hypertensive Cardio Vascular Edema

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-5, 1952 to 7-7, 1952 that I last saw the deceased alive on 7-7, 1952 and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE.

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

July 11, 52

New Cathedral

Baltimore

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

481-019-445

Prudential -

Momumental^{ed} 816314 -

Metro - 90599659

69518998 -

F03721

L-152

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6395

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) LUBINSKI, FRANK W.			2. DATE OF DEATH 7/9/52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY BAITIMORE		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION UNIVERSITY HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BAITIMORE 27-01		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 3901 RIDGECROFT RD.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN. 22, 1889		9. AGE (In years last birthday) 63
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MACHINE OPERATOR		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARYLAND		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME CASIMIER			14. MOTHER'S MAIDEN NAME CONSTANCE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS MRS. Ida Lubinski Same		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CORONARY THROMBOSIS	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 2 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) DUE TO	
	(B) DUE TO	
	(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **7/8**, 19**52** to **7/9**, 19**52**, that I last saw the deceased alive on **7/8**, 19**52**, and that death occurred at **1:44 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE Michael J. Foley	23B. ADDRESS University Hosp.	23C. DATE SIGNED 7/9/52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7/12/52	24C. NAME OF CEMETERY OR CREMATORY St Stanislaus	24D. LOCATION (City, town, or county) (State) Balt Md
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DATE RECEIVED BY LOCAL REGISTRAR JUL 9 - 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Brook 5305 Bayford	ADDRESS
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M-460
6396BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X Registered No. 52 6396

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frederick J. Miller

2. DATE
OF
DEATH

July 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med. Ost 6

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

13.0X 700 6500

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Cerebral hemorrhage
DUE TO Hypertensive and arteriosclerotic
cardiovascular disease
(B) DUE TO
(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 6-30-, 1952 to 7-8-, 1952 that I last saw the
deceased alive on 7-5-, 1952 and that death occurred at 8:50 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Lorraine P. Hudson M. D.

JOHNS HOPKINS HOSPITAL

7-8-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 9 - 1952

Huntington Williams, M.D.

Leonard J. Ruck 5305 Rayford

150

N-425

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6397

Registered No.

6397 52-12619

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Boy Nelson - DANIEL L.

2. DATE
OF
DEATH

July 8 - 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Univ. Hosp

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-38

D. STREET ADDRESS (If rural, give location)

1823 Swansea Rd

c. Length of stay in Baltimore

1 Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

May 30, 1952

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

1 7

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Child

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTO Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Mr. Leo J. Nelson

14. MOTHER'S MAIDEN NAME

Bertha Mc Elme

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 1823

Mr. Leo J. Nelson - SWANSEA

18. 468.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pulmonary Atelctasis

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Mesenteric Cyst & Operation

1 month

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Malnutrition

19A. DATE OF OPERATION

6-10-52

19B. MAJOR FINDINGS OF OPERATION

Mesenteric chyle cyst

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from July 1, 1952, to July 8, 1952, that I last saw the
deceased alive on July 8, 1952, and that death occurred at 2 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Lincolny D. Baker

M. D.

23B. ADDRESS

Univ Hosp.

23C. DATE SIGNED

July 8

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

7/10/52

24C. NAME OF CEMETERY OR CREMATORY

Moreland Park

24D. LOCATION (City, town, or county)

BALTO

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

5305 Harford Rd

S300

52 6398

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6398
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Catherine (Mollie) Shade

2. DATE
OF
DEATH

7-9-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

St. Mary's

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4700 Harford Road

C. CITY OR TOWN

Great Mills

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

6500

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

female

white

single

Aug. 30, 1866

85

10A. USUAL OCCUPATION (Give kind of
work done during most of worklog life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Shade

14. MOTHER'S MAIDEN NAME

Massis Auraandt

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Lola Wise, Great Mills Md.

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

DUE TO

Cardiovascular Disease

15 Yrs

ANTECEDENT CAUSES

(B)

arteriosclerosis

15 Yrs

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from 28 May, 1952, to 9 July, 1952, that I last saw the
deceased alive on 7 July, 1952, and that death occurred at 11A m., from the causes and on the date stated above.

23A. SIGNATURE

C. S. Sina

M. D.

23B. ADDRESS

2074 E. Belvidere Ave

23C. DATE SIGNED

7-9-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7/11/1952

24C. NAME OF CEMETERY OR CREMATORY

Ebesnesser Cemetery

24D. LOCATION (City, town, or county)

California, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Md.

JUL 9 - 1952

Huntington Williams, M.D.

Robinson Funeral Home, Leonardtown

VS 150

Robinson Funeral Home

MEDICAL CERTIFICATION

80-1018

OFFICE OF THE
SHERIFF

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6399**

BIRTH NO. **52-15772**

1. NAME OF DECEASED (Type or Print) BABY LENTZ			2. DATE OF DEATH JUL 2, 1952		
3. PLACE OF DEATH: UNION MEMORIAL HOSP. a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MARYLAND b. COUNTY NEW BORN		
b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) UNION MEMORIAL HOSPITAL			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE		
c. Length of stay in Baltimore 3 Days			d. STREET ADDRESS (If rural, give location) 330 + CALVERT STS.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 6-30-52		9. AGE (in years last birthday) 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MARY LAND		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME HENRY (NO) LENTZ			14. MOTHER'S MAIDEN NAME EVELYN LOUISE LENTZ		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT ADDRESS MOTHER 805 GLOVER ST.		

18. 762.5 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ATELECTASIS DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. PREMATURITY DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. NONE	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH 3 days
---	---

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6-30-52 , 1952 to 7-2 , 1952, that I last saw the deceased alive on 7-2 , 1952 and that death occurred at 5:43 P.m. , from the causes and on the date stated above.					
23a. SIGNATURE Jesse D. Hubbard		23b. ADDRESS Union Memorial Hosp.		23c. DATE SIGNED July 3, 1952	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY Hospital Disposal	24d. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR JUL 9-1952	REGISTRAR'S SIGNATURE Huntington Williams, MD	25. FUNERAL DIRECTOR 6396	ADDRESS

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6400**

350
52 6400 *For Res.*

1. NAME OF DECEASED (Type or Print) <i>James Kevin Stone</i>			2. DATE OF DEATH <i>July 9, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Pa.</i> B. COUNTY <i>York Co.</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN <i>York</i> (If outside corporate limits, write RURAL and give township) <i>V-35</i>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>Edgewood Rd. Farguhar Estates</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>single</i>	8. DATE OF BIRTH <i>3-14-52</i>	9. AGE (In years last birthday) <i>3</i>	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (State or foreign country) <i>Pa.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME: <i>George Stone</i>			14. MOTHER'S MAIDEN NAME <i>Elizabeth Lamb</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		

18. <i>754.4</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Congenital Heart Disease</i>	CAUSE OF DEATH <i>Congenital Heart Disease</i>	INTERVAL BETWEEN ONSET AND DEATH <i>4 months</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) DUE TO	
	(B) DUE TO	
	(C) DUE TO	

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <i>July 7, 1952</i>	19B. MAJOR FINDINGS OF OPERATION <i>Debridement</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6-26, 1952* to *7-9, 1952*, that I last saw the deceased alive on *7-9, 1952*, and that death occurred at *7:05 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Monterold Kay</i>	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>7-9-52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>7/11/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Mount Roselem York York Co. Pa.</i>
24D. LOCATION (City, town, or county) (State)	DATE RECEIVED BY LOCAL REGISTRAR <i>Jul 10 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>
25. FUNERAL DIRECTOR <i>W. Baumgardner</i>		ADDRESS <i>York Pa.</i>

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UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6401

BIRTH NO.

1. NAME OF DECEASED (Type or Print) MAX Grossman		2. DATE OF DEATH 7/10/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION SINAI HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-13	
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 2841 Doorman Ave	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Superintendent		10B. KIND OF BUSINESS OR INDUSTRY Bakery	9. AGE (In years last birthday) 59
13. FATHER'S NAME Isaac		11. BIRTHPLACE (State or foreign country) Russia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME not known	
17. INFORMANT Philip Grossman - 5905 Park Hts		ADDRESS	

18. 610X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) SEPTICIMIA	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) DUE TO	
	(B) DUE TO	
	(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 7/1/52		19B. MAJOR FINDINGS OF OPERATION Adenoma of Prostate gland		20. 'AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 7/1/52 , 19 52 , to 7/10 , 19 52 , that I last saw the deceased alive on 7/10 , 19 52 , and that death occurred at 2:17 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 7/10/52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 7-10-52		24C. NAME OF CEMETERY OR CREMATORY Rosedale	
24D. LOCATION (City, town, or county) Balto Md		24E. NAME OF CEMETERY OR CREMATORY Balto Md		24F. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR JUL 10 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR 29044	
VS 150		ADDRESS 2000 Eutan Pl			

MEDICAL CERTIFICATION

UNITED STATES OF AMERICA

1940-1941

1940-1941



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

X Registered No. **52 6402**

1. NAME OF DECEASED (Type or Print) JOHN A. McMAHON		2. DATE OF DEATH July 8, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Anne Arundel	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Franklin Square Hosp.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Delmont, Severn P.O.	
D. Length of stay in Baltimore 3 weeks		E. STREET ADDRESS (If rural, give location) Somerset Drive 5200	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 3, 1900
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic		10B. KIND OF BUSINESS OR INDUSTRY Glen Haven Men's Park	9. AGE (In years last birthday) 51
13. FATHER'S NAME John F. McMahon		11. BIRTHPLACE (State or foreign country) Tessups A.A. Co. Md.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO. 216-09-2550		14. MOTHER'S MAIDEN NAME Martina Deutsch	
17. INFORMANT Mrs. Anna T. McMahon		ADDRESS Delmont, Severn P.O.	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Infarct (A) _____ DUE TO _____ ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ DUE TO _____ (C) _____	INTERVAL BETWEEN ONSET AND DEATH 3 weeks
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19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June 14, 1952 to July 8, 1952 that I last saw the deceased alive on July 7, 1952 and that death occurred at 7 A.M., from the causes and on the date stated above.

23A. SIGNATURE **Bobby L. Jones** M.D. 23B. ADDRESS **Glen Burnie** 23C. DATE SIGNED **7/8/52**

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7/14/52	24C. NAME OF CEMETERY OR CREMATORY Glen Haven Cem.	24D. LOCATION (City, town, or county) (State) Glen Burnie Md.
DATE RECEIVED BY LOCAL REGISTRAR JUL 10 1952		25. FUNERAL DIRECTOR Huntington Williams, M.D. ADDRESS T. H. Singleton, Glen Burnie Md.	

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BIRTH NO. 52-15252

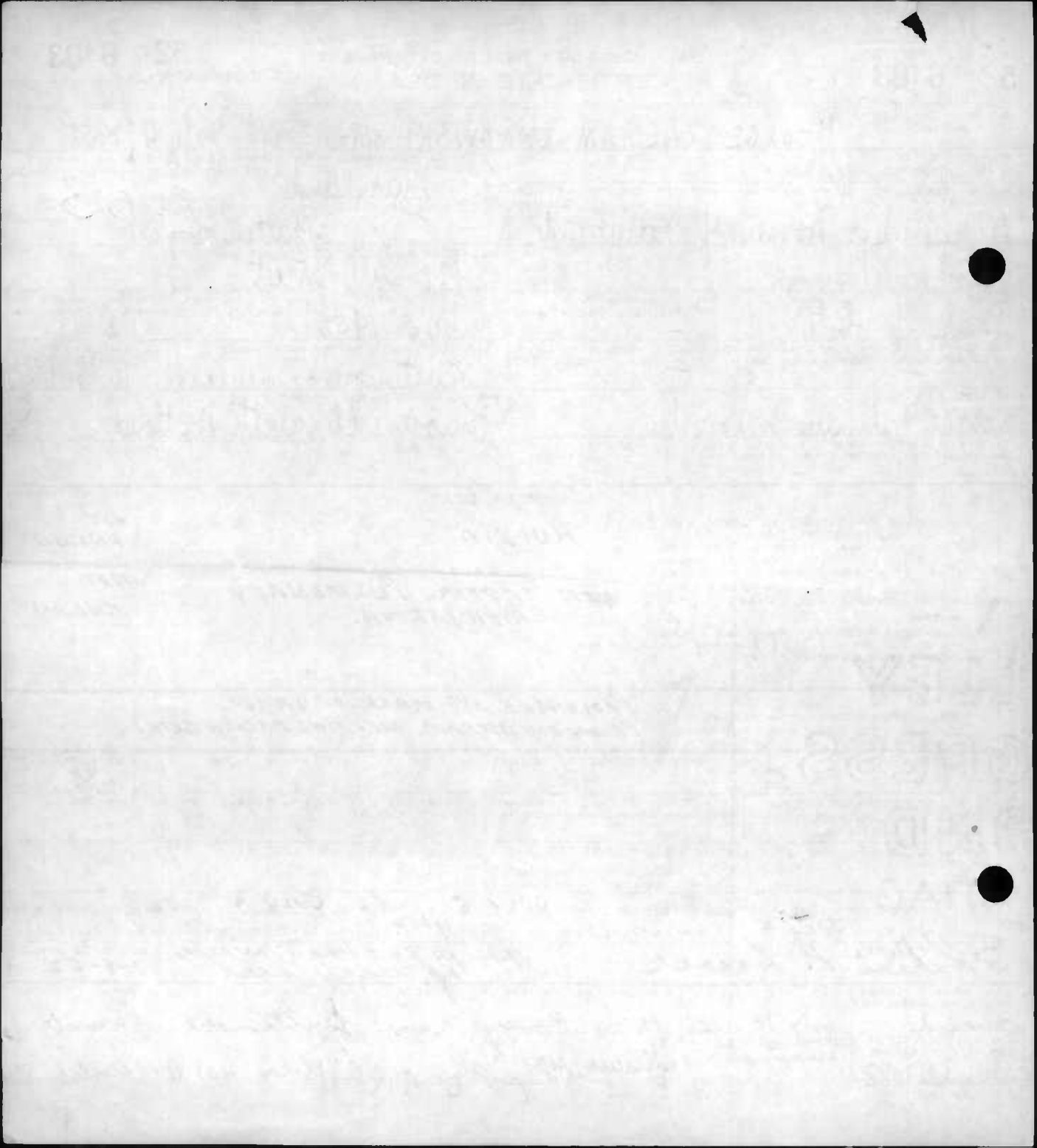
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6403
Registered No.

1. NAME OF DECEASED (Type or Print) GEORGE WILLIAM JANOWSKI JR.			2. DATE OF DEATH July 9, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Hospital for Women of Maryland			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore ✓			D. STREET ADDRESS (If rural, give location) 923 Bell Street		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) -	8. DATE OF BIRTH July 5, 1952	9. AGE (in years last birthday)	If Under 1 Year Months: 3 Days: 18 If Under 24 Hours Hours: 18 Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Baltimore - Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME George William Janowski			14. MOTHER'S MAIDEN NAME Eugene Elizabeth Mathews		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. 762.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANOKIA (A) DUE TO INTERSTITIAL PULMONARY EMPHYSEMA. (B) DUE TO (C) DUE TO			INTERVAL BETWEEN ONSET AND DEATH NOT KNOWN NOT KNOWN		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. PROLONGED 2ND STAGE OF LABOR PRIMARY UTERINE INERTIA; BREECH EXTR.					
19A. DATE OF OPERATION 7/9/52			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from JULY 5, 1952 to JULY 9, 1952 that I last saw the deceased alive on JULY 9, 1952 and that death occurred at 4:05 P.M. , from the causes and on the date stated above.					
23A. SIGNATURE Robert R. Loebeck		M.D. Assoc. Prof. The Women of Maryland		23C. DATE SIGNED 7-9-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE July 10 1952		24C. NAME OF CEMETERY OR CREMATORY Italy Rosary Cem	
24D. LOCATION (City, town, or county) (State) Baltimore County		25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS 401 S. Chester St	

VS 150
JUL 10 1952



BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 6404**BIRTH NO. **6404**

1. NAME OF DECEASED (Type or Print) EDDIE ELIJAH FLEMING			2. DATE OF DEATH July 8, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 3-02		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Morgue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			E. STREET ADDRESS (If rural, give location) 102 S. Albemarle Street		
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH May 30, 1926	9. AGE (In years last birthday) 26	If Under 1 Year Months _____ Days _____ If Under 24 Hours Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Lake City, South Carolina		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Link Fleming			14. MOTHER'S MAIDEN NAME Irene Fleming		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. **E929.8** CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) **Drowning**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) harbor	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Foot of Central Ave.-near Lancaster St. 3/2
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY July 8, 1952 (found)	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Found drowned

22. I certify that I took charge of the remains described above, held an **autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley H. Dumbacher	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED July 10, 1952
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE July 10, 1952	24C. NAME OF CEMETERY OR CREMATORY Lake City L.C.	24D. LOCATION (City, town, or county) (State) 1200 Maryland St. Baltimore 17 Md
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DATE RECEIVED BY LOCAL REGISTRAR JUL 10 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Joseph J. Russ
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2 6405BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6405

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Dealer

10B. KIND OF BUSINESS OR
INDUSTRY

Used Cars

13. FATHER'S NAME

Frank Shanty

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

12-27-1901

9. AGE (In years
last birthday)

50

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Agatine Grasso

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) MYOCARDIAL INFARCTION

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) THROMBOSIS, CORONARY ARTERY
DUE TO
(C) CORONARY ARTERIO SCLEROSIS

4 yrs.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-8-1952 to 7-8-1952 that I last saw the
deceased alive on 7-8-1952 and that death occurred at 12:15 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Carlton L. Sexton

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

7-8-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7/10/52

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Vickener & Sons

VS 150

105 290 656 Baltimore 17, Md.

STATE OF NEW YORK
CERTIFICATE OF DEATH

FILE NO. 100-100000
RECORDS SECTION

DEATH OF

NAME OF DECEASED
DATE OF DEATH
PLACE OF DEATH
CAUSE OF DEATH
MANNER OF DEATH

DECEASED'S RESIDENCE
DECEASED'S OCCUPATION

DECEASED'S SEX AND AGE

DECEASED'S RACE

DECEASED'S BIRTH DATE

DECEASED'S BIRTH PLACE

DECEASED'S MARRIAGE DATE

DECEASED'S MARRIAGE PLACE

DECEASED'S MARRIAGE STATUS

DECEASED'S MARRIAGE DATE

DECEASED'S MARRIAGE PLACE

DECEASED'S MARRIAGE STATUS

DECEASED'S MARRIAGE DATE

DECEASED'S MARRIAGE PLACE

352
6406BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 6406

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Frederick I Gittings</i>		2. DATE OF DEATH <i>JUL 9 - 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore</i>			
B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION) <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Catonville 5352</i>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>South Rolling Rd.</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>7-24-93</i>	9. AGE (In years last birthday) <i>58</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>never worked</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Retired</i>		11. BIRTHPLACE (State or foreign country) <i>England</i>	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME <i>John S. Gittings</i>			
14. MOTHER'S MAIDEN NAME <i>Rosalie May</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>yes</i>			
16. SOCIAL SECURITY NO. <i>World War 1</i>		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>			
18. <i>180X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Hypernephroma lvs kidney metastases to lvs upper lobe of lung</i>		CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>? 3 mos.</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>July 7 52</i>		19B. MAJOR FINDINGS OF OPERATION <i>Large tumor mass lvs kidney + lung spread</i>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>6-25-</i> , 19 <i>52</i> to <i>7-9-</i> , 19 <i>52</i> that I last saw the deceased alive on <i>7-9-</i> , 19 <i>52</i> and that death occurred at <i>1409</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>A Page Harris</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>7/9/52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>7/11/52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Green Mount Cem.</i>	
24D. LOCATION (City, town, or county) (State) <i>Balto., Md.</i>		25. FUNERAL DIRECTOR <i>Thos. J. Tichner & Sons, Balto., Md.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 10 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		ADDRESS <i>1005 20th St. Balto., Md.</i>	

6010 50

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

1940

May 12 1940

[Faint, mostly illegible handwritten text and official stamps follow. The text appears to be a memorandum or report, possibly related to land management or surveying. There are several lines of text, some of which are crossed out or heavily faded. The document is dated May 12, 1940.]

325
2 6407BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6407

1. NAME OF DECEASED (Type or Print) CHRISTINA A. HUTCHINSON			2. DATE OF DEATH July 8, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 5415 Summerfield Ave.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 17, 1898	9. AGE (In years, last birthday) 54	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10B. KIND OF BUSINESS OR INDUSTRY at home		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Joseph Kalcielski			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO.		
17. INFORMANT Mr. John M. Hutchinson			ADDRESS 5415 Summerfield		
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary (Insufficiency) CAUSE OF DEATH Hypertension DUE TO (A) Thrombosis (B) Hypertension (C)			INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 22, 1952 to July 1, 1952 , that I last saw the deceased alive on July 1, 1952 , and that death occurred at 6 A. m. , from the causes and on the date stated above.					
23A. SIGNATURE Milton S. Smith		23B. ADDRESS 14294 Fayette St.		23C. DATE SIGNED 7/10/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/11/52		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	
24D. LOCATION (City, town, or county) Balto., Md.		24E. LOCATION (City, town, or county) (State)			
DATE RECEIVED BY LOCAL REGISTRAR JUL 10 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Kenneth J. Lischer & Sons	
VS 150		ADDRESS Balto. 17, Md.			

MEDICAL CERTIFICATION

STATE OF NEW YORK
CERTIFICATE OF DEATH

NAME

AGE

SEX

RACE

DATE OF BIRTH

DATE OF DEATH

PLACE OF DEATH

CAUSE OF DEATH

DATE OF BURIAL

PLACE OF BURIAL

SIGNATURE OF DECEASED

SIGNATURE OF NEXT OF KIN

SIGNATURE OF PHYSICIAN

SIGNATURE OF REGISTRAR

8-654

52 6408

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6408

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Elvin Ervin Cornell</i>		2. DATE OF DEATH <i>July 9, 52</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1430 Linden</i>		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Baltimore City</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>at home</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
C. Length of stay in Baltimore <i>1 1/2 yrs</i>		D. STREET ADDRESS (If rural, give location) <i>1121 - E - North Ave</i>			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Feb 24/1914</i>	9. AGE (in years last birthday) <i>38</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Carpenter</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Carpentry</i>		11. BIRTHPLACE (State or foreign country) <i>Peekskill - N.Y.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		13. FATHER'S NAME <i>Ervin E. Cornell</i>		14. MOTHER'S MAIDEN NAME <i>Julia Travis</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>?</i>		16. SOCIAL SECURITY NO. <i>116-03-3576</i>		17. INFORMANT <i>Ruth E. Cornell - wife</i>	
18. <i>153X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Intestinal Obstruction</i> DUE TO (B) <i>Generalized Carcinomatosis of Abdomen</i> DUE TO (C) <i>Adeno. Carcinoma of Colon</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 wks</i> <i>about 1 year</i>			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Colonic - Colostomy</i>			
19A. DATE OF OPERATION <i>April 1952</i>		19B. MAJOR FINDINGS OF OPERATION <i>Adeno. carcinoma of Colon & Metastasis.</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>26 June</i> , 1952, to <i>9 July</i> , 1952, that I last saw the deceased alive on <i>9 July</i> , 1952, and that death occurred at <i>10:30 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Huntington L. Pearson</i>		23B. ADDRESS <i>431 East Lake Ave</i>		23C. DATE SIGNED <i>10 July 52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>July 11-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Hillside</i>	
24D. LOCATION (City, town, or county) (State) <i>Peekskill - N.Y.</i>		24E. FUNERAL DIRECTOR <i>William H. Pearson</i>		24F. ADDRESS <i>Peekskill - N.Y.</i>	

MEDICAL CERTIFICATION

CERTIFICATE OF TITLE

IN WITNESS WHEREOF, the undersigned, after reading the foregoing

instrument, has hereunto set his hand and seal of office at the

City of Manila, this 10th day of May, 1961.

Notary Public for the Philippines

 Notary Public for the Philippines

 Notary Public for the Philippines

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416
6409

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6409

1. NAME OF DECEASED (Type or Print) RUBIN OLIVER		2. DATE OF DEATH July 8, 1952	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
b. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		c. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore	
c. Length of stay in Baltimore 38 yrs Yrs. 38 Mos. 9 Days 4		d. STREET ADDRESS (If rural, give location) 119 W. 22nd Street	
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 6-16-1910
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Gen	9. AGE (In years last birthday) 42 If Under 1 Year: Months: Days: If Under 24 Hours: Hours: Min.
13. FATHER'S NAME John Oliver		14. MOTHER'S MAIDEN NAME Rebecca Smith	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Yes (If yes, give war or dates of service) WW II		16. SOCIAL SECURITY NO.	
17. INFORMANT Lothie Oliver		ADDRESS 119 W 22nd St	

18. 002X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Aspiration of blood DUE TO pulmonary tuberculosis		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE R. B. Fisher		23b. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23c. DATE SIGNED July 8, 1952
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 6-11-52	24c. NAME OF CEMETERY OR CREMATORY Balto Nat Cemetery	24d. LOCATION (City, town, or county) (State) Balto Md	
DATE RECEIVED BY LOCAL REGISTRAR JUL 10 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR Payner Sanders
VS 151		97099		217 E. Preston St

MEDICAL CERTIFICATION

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UNITED STATES DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY
WASHINGTON, D. C.

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6410**

N-350
52 6410
BIRTH NO.

1. NAME OF DECEASED (Type or Print) GEORGE H. NEWTON			2. DATE OF DEATH July 4, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Morgue			C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1131 W. Franklin Street			E. LENGTH OF stay in Baltimore Yrs. Mos. Days		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH February 27, 1921 31		9. AGE (in years last birthday) 31
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Auto Mechanic		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Houston County, Ala.		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME George Newton			14. MOTHER'S MAIDEN NAME Lucy Rivers		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. 002X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary tuberculosis DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH Pulmonary tuberculosis DUE TO INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE H. Dunsilver M.D. 23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☒ 23C. DATE SIGNED **July 5, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **July 13, 1952** 24C. NAME OF CEMETERY OR CREMATORY **Montgomery, Ala.** 24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR **JUL 10 1952** REGISTRAR'S SIGNATURE Huntington Williams 25. FUNERAL DIRECTOR Huntington Williams ADDRESS **55083 1818 N. Monroe Street**

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6411

100
BIRTH NO. 6411

1. NAME OF DECEASED (Type or Print) <u>Wilmer Roby</u>			2. DATE OF DEATH <u>JUL 10 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>Med. Bldg.</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Florida.</u> B. COUNTY <u>V-08</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>JOHNS HOPKINS HOSPITAL</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>MIAMI</u>		
c. Length of stay in Baltimore <u>15</u>			D. STREET ADDRESS (If rural, give location) <u>1671 N.W. 51st St.</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>10-29-99</u>		9. AGE (In years last birthday) <u>52-5-2</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <u>Garage Owner</u>	11. BIRTHPLACE (State or foreign country) <u>Ohio</u>		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME <u>Albert Roby</u>			14. MOTHER'S MAIDEN NAME <u>Mary Louise McFadden</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>		

18. <u>420.1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES		(A) <u>Old & recent myocardial infarct. 2 wks.</u>		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <u>Thrombotic Occlusion of Coronary arteries</u>		
		(C) <u>Coronary arterio-sclerosis</u>		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<u>Chronic cholecystitis & cholelithiasis</u>		

19A. DATE OF OPERATION <u>✓</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 6-17-, 1952 to 7-10-, 1952, that I last saw the deceased alive on 7-10-, 1952, and that death occurred at 2-44A.m., from the causes and on the date stated above.

23A. SIGNATURE <u>Carlton L. Sefton</u>	23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>	23C. DATE SIGNED <u>7-10-52</u>
--	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24B. DATE <u>July 10-52</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Bonnie Funeral Home</u>	24D. LOCATION (City, town, or county) (State) <u>Maine Fla</u>
---	--------------------------------	--	---

DATE RECEIVED BY LOCAL REGISTRAR <u>JUL 10 1952</u>	REGISTRAR'S SIGNATURE <u>Huntington Walligues, M.D.</u>	25. FUNERAL DIRECTOR <u>Walter B. W. W. Funeral Home</u>	ADDRESS <u>29083 403-6-25th St</u>
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6412**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY SULLIVAN

2. DATE
OF
DEATH

July 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1007 Dukeland Avenue

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1007 Dukeland Avenue

C. Length of stay in Baltimore

55 yrs.

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

Dec. 14, 1868

9. AGE (in years last birthday)
83

If Under 1 Year Months: Days Hours: Min.
6 24

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Wilkesbury, Pa..

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Sullivan

14. MOTHER'S MAIDEN NAME

Mary Galvin Collington

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
none

17. INFORMANT

ADDRESS

Catherine Wright, 1007 Dukeland St.

18. **443X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Hypertensive cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

July 8, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

7/11/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

1913 W. Balt. St.

State of New York

IN SENATE
January 10, 1907

1907

REPORT OF THE COMMISSIONERS OF THE LAND OFFICE

IN RESPONSE TO A RESOLUTION PASSED BY THE SENATE

AT ITS SESSION ON JANUARY 10, 1907

ALBANY: J.B. LEECH, STATE PRINTER, 1907

PRICE, 10 CENTS

FOR SALE BY THE STATE OF NEW YORK

AT THE OFFICE OF THE COMMISSIONER OF LAND OFFICE

ALBANY, N. Y.

1907

ALBANY: J.B. LEECH, STATE PRINTER, 1907

PRICE, 10 CENTS

FOR SALE BY THE STATE OF NEW YORK

AT THE OFFICE OF THE COMMISSIONER OF LAND OFFICE

ALBANY, N. Y.

1907

ALBANY: J.B. LEECH, STATE PRINTER, 1907

PRICE, 10 CENTS

FOR SALE BY THE STATE OF NEW YORK

AT THE OFFICE OF THE COMMISSIONER OF LAND OFFICE

ALBANY, N. Y.

1907

ALBANY: J.B. LEECH, STATE PRINTER, 1907

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6413**

BIRTH NO. 6413

1. NAME OF DECEASED (Type or Print) Rev. Norman Scribner			2. DATE OF DEATH JUL 10 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Med. Thayer			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY Allegheny		
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Cumberland		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) Washington St. 5102		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 9-14-99		9. AGE (In years, last birthday) 52
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister		10B. KIND OF BUSINESS OR INDUSTRY M. E. Lehnert	11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? U.S.C.
13. FATHER'S NAME Herbert O. Scribner			14. MOTHER'S MAIDEN NAME Emma Shipley		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS JOHNS HOPKINS HOSPITAL		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Myocardial infarction DUE TO (B) Coronary thrombosis DUE TO (C) Coronary arteriosclerosis	INTERVAL BETWEEN ONSET AND DEATH 2 wks.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 7		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **6-19-1952** to **7-10-1952** that I last saw the deceased alive on **7-10-1952** and that death occurred at **6:40 a.m.** from the causes and on the date stated above.

23A. SIGNATURE William L. Dwyer		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED 7-10-52	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 7-12-52	24C. NAME OF CEMETERY OR CREMATORY Edge Hill	24D. LOCATION (City, town, or county) (State) Cumberland, Md.		

DATE RECEIVED BY LOCAL REGISTRAR JUL 10 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Harold J. Ireland	ADDRESS 2583 Edmonson St.
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1952 809846 410

MEDICAL CERTIFICATION

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1913

1913

1913

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. **52 6414**420
52 6414
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Kulesza, Felix			2. DATE OF DEATH 7/10/52		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MD. b. COUNTY Baltimore City		
b. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital of Baltimore Inc. Baltimore.			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 2-01		
c. Length of stay in Baltimore 30 Days			d. STREET ADDRESS (If rural, give location) 303 S. Wolfe Street		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 1898		9. AGE (in years last birthday) 62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Steel Worker		11. BIRTHPLACE (State or foreign country) Poland	
13. FATHER'S NAME Joseph Kulesza			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)			17. INFORMANT ADDRESS Stella Kulesza 303 S. Wolfe St		
16. SOCIAL SECURITY NO. 213-07-5501			14. MOTHER'S MAIDEN NAME Maryanna Dembrowski		

18. 586X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypostatic Pneumonia DUE TO Atelectasis, Bronchial Asthma Cholecystectomy surgery with complications DUE TO Renal Failure	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19a. DATE OF OPERATION 7/4/1952		19b. MAJOR FINDINGS OF OPERATION Gall bladder disease		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <input type="checkbox"/>	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY <input type="checkbox"/>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from July 2, 1952 to July 10, 1952 that I last saw the deceased alive on July 10, 1952 and that death occurred at 4:45 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE Robert S. Goplan		23b. ADDRESS Sinai Hospital		23c. DATE SIGNED 7/10/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE July 14-1952		24c. NAME OF CEMETERY OR CREMATORY Holy Rosary	
24d. LOCATION (City, town, or county) Balto. Co. Md.		24e. FUNERAL DIRECTOR Wm. S. Fialkowski		24f. ADDRESS 2007 Eastern Ave	
DATE RECEIVED BY LOCAL REGISTRAR JUL 10 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS 2007 Eastern Ave	

1136 S1

21

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 6415
Registered No.

1. NAME OF DECEASED (Type or Print) AUDREY MAY FORTMAN		2. DATE OF DEATH July 9, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Middle River	
D. STREET ADDRESS (If rural, give location) Eastern Ave. & Redbird Avenue			
5. SEX female		6. COLOR OR RACE white	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH 1/8/41	
9. AGE (In years last birthday) 11		10. Under 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Baltimore City, Md.		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Milton Fortman		14. MOTHER'S MAIDEN NAME Thelma Temple	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Milton Fortman-Balto. 20, Md.		ADDRESS	

18. **080.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Bulbar poliomyelitis**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

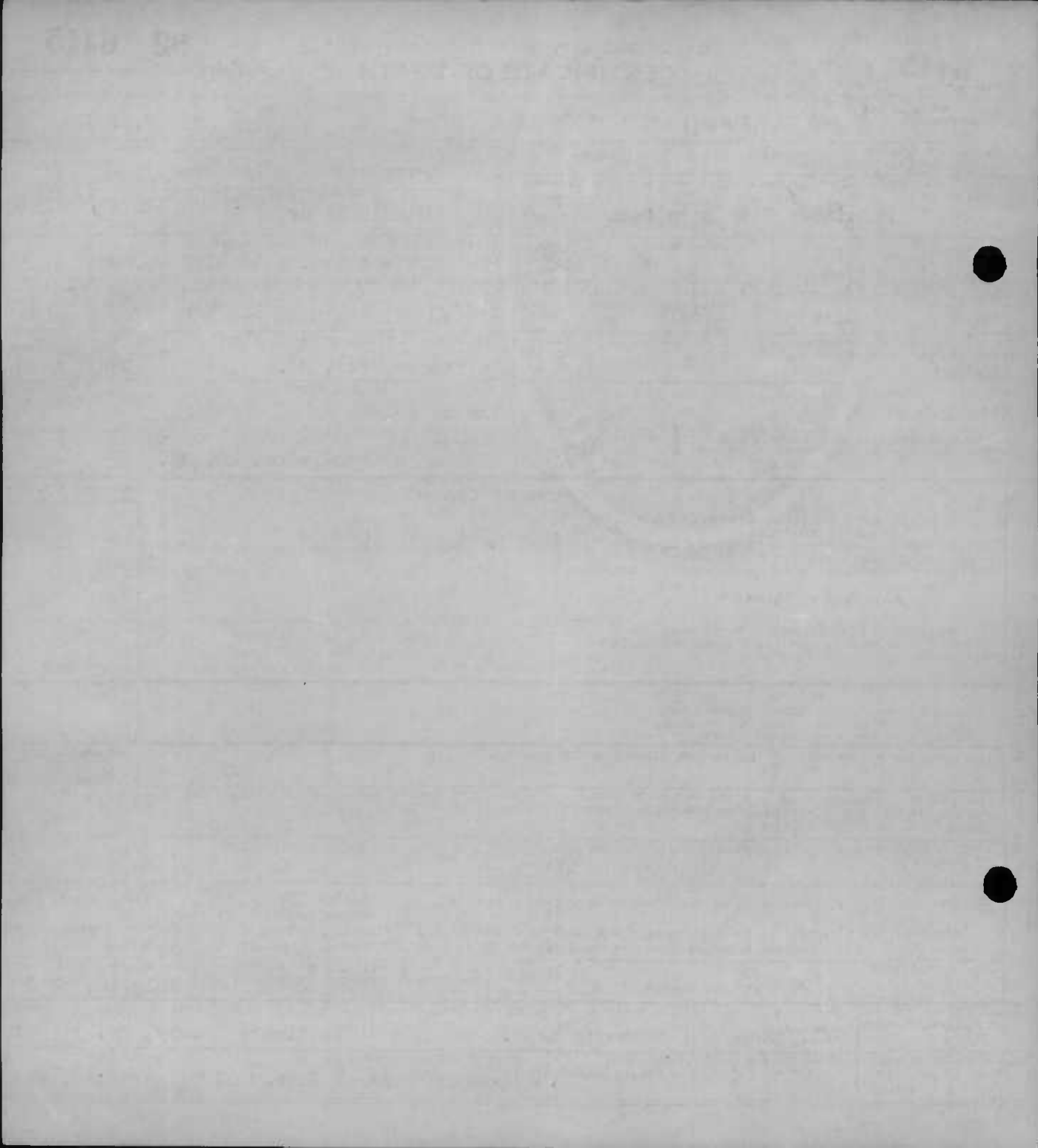
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE <i>Stanley H. Deneacher</i> M.D.		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED July 10, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/12/52		24C. NAME OF CEMETERY OR CREMATORY Ebenezer Meth.	
24D. LOCATION (City, town, or county) (State) Baltimore County, Md.					
DATE RECEIVED BY LOCAL REGISTRAR JUL 10 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR Lassahn Funeral Home-7401 Belair Road	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6416**

200
6416

1. NAME OF DECEASED (Type or Print) William Charles Scheck			2. DATE OF DEATH 7-9-52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 27-01		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Mercy Hospital Baltimore 1, Md.			C. CITY OR TOWN (If outside corporate limits, write R.U.R.L. and give township) Baltimore		
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 4116 St Thomas Ave		
5. SEX male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 7/31/1895	9. AGE (In years last birthday) 56	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Works for Globe Transfer Company			11. BIRTHPLACE (State or foreign country) BALTIMORE Md.		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME John Scheck			14. MOTHER'S MAIDEN NAME ANNE Hoelert		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Mildred Scheck - St. Thomas			ADDRESS 4116		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Coronary Occlusion		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., to or about home, farm, factory, street, office bldg., etc.) pt parked car - home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) News Post Pratt St. Entrance
21D. TIME (Month) (Day) (Year) (Hour) in am. 11 45		21E. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? pt parked car - fell unconscious

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE Leonard H. F. Flay		23B. ADDRESS Mercy Hospital (Room 1212)		23C. DATE SIGNED 7-9-52
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24B. DATE 7/12/52	24C. NAME OF CEMETERY OR CREMATORY Warkwood		24D. LOCATION (City, town, or county) (State) BALTO Md
DATE RECEIVED BY LOCAL REGISTRAR JUL 10 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR L. J. Ruck ADDRESS 5305 Harford Rd

952690526413

MEDICAL CERTIFICATION

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52 6417

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6417

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Christine S. Ahlers

2. DATE
OF
DEATH

July 8/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

509 Rock Glen Rd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

28-04

c. Length of stay in Baltimore

48yrs

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

509 Rock Glen Rd.

5. SEX

Female

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

June 24, 1864

9. AGE (In years
last birthday)

88

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work, including most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Sievers

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

(SON)

ADDRESS

Herman Ahlers, 509 Rock Glen Rd.

18. 157X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

obstructive jaundice
probably due to carcinoma
of pancreas

8 wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 25, 1951, to July 8, 1952, that I last saw the
deceased alive on July 7, 1952, and that death occurred at 3:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Leo J. Gayer

M. O.

23B. ADDRESS

1 Mallow Hill Ave

23C. DATE SIGNED

7/9/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

July 11/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL HEALTH DEPARTMENT

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Hermann Quigley

ADDRESS

4101 Edmondson Ave.

52 6418

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6418
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Frances Thalheimer

2. DATE
OF
DEATH

July 8/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3805 Gelston Drive

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3805 Gelston Drive

c. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

April 10, 1880--72

9. AGE (In years last birthday)

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

McDougall

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

John E. Thalheimer, 3805 Gelston Dr.

18. 592X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cardio-vascular disease

3 yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertension

5 yrs

DUE TO

(C)

Ch. Nephritis

5 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 1940, to July 8, 1952, that I last saw the deceased alive on 7-8-52, and that death occurred at 7:45 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Jes C. Wells

M. D.

23B. ADDRESS

4100 Edmondson Ave

23C. DATE SIGNED

7-9-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

July 12/52

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

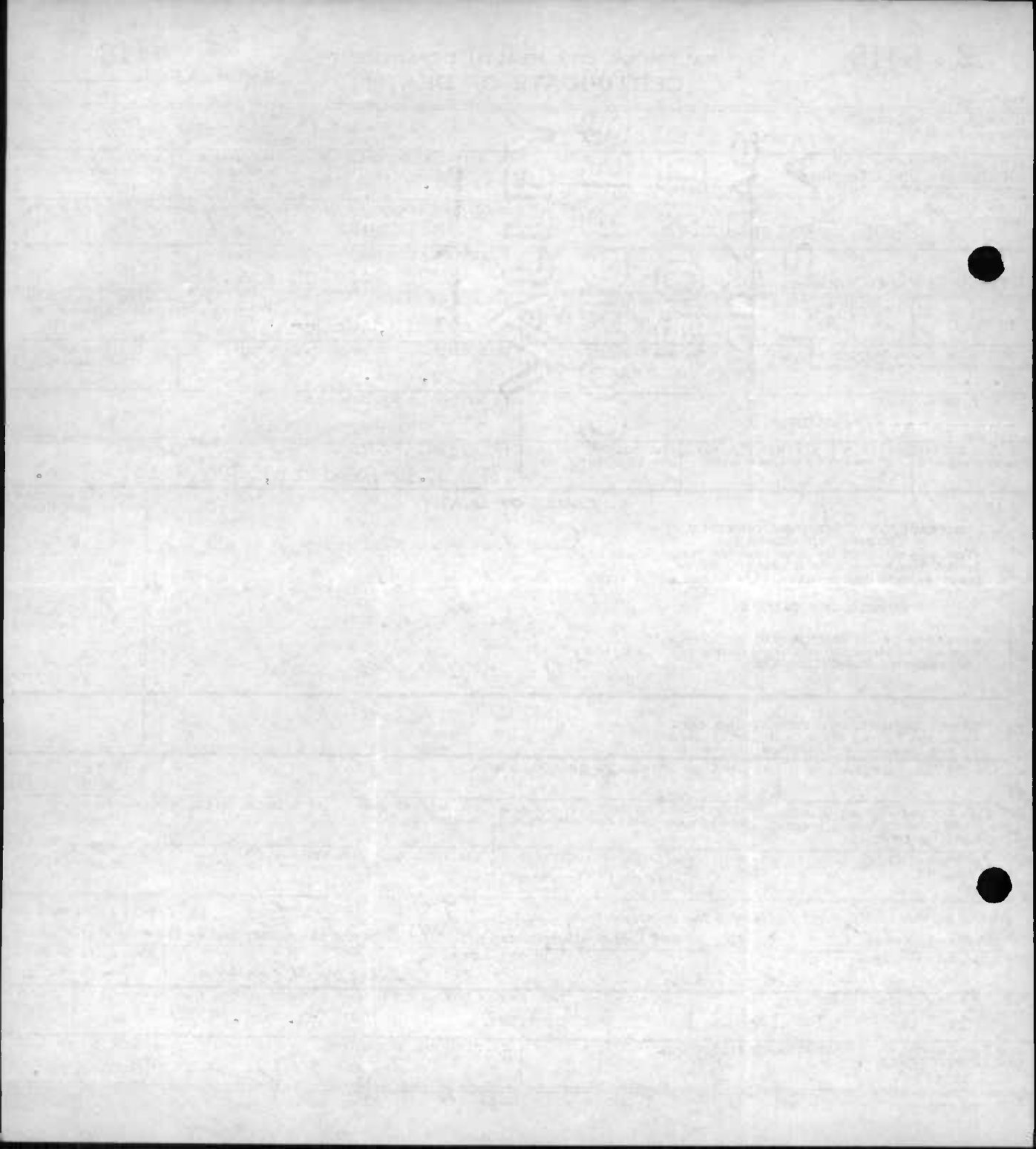
25. FUNERAL DIRECTOR

ADDRESS

JUL 10 1952

Huntington Williams, M.D. Harry A. Smith

4101 Edmondson Ave.



52 6419

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

WINFIELD S. BARKER

2. DATE
OF
DEATH

July 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 6, 1904

9. AGE (In years
last birthday)

48

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Passenger Service B.O.T.T.P.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wilbur Barker

14. MOTHER'S MAIDEN NAME

Mary

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Bessie M. Barker, 1219 W. Ostend

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary artery sclerosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Harry H. Dunleavy

M.D.

23B. CHIEF MEDICAL EXAMINER.....☐ASSISTANT MEDICAL EXAMINER.....☒MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

July 10, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

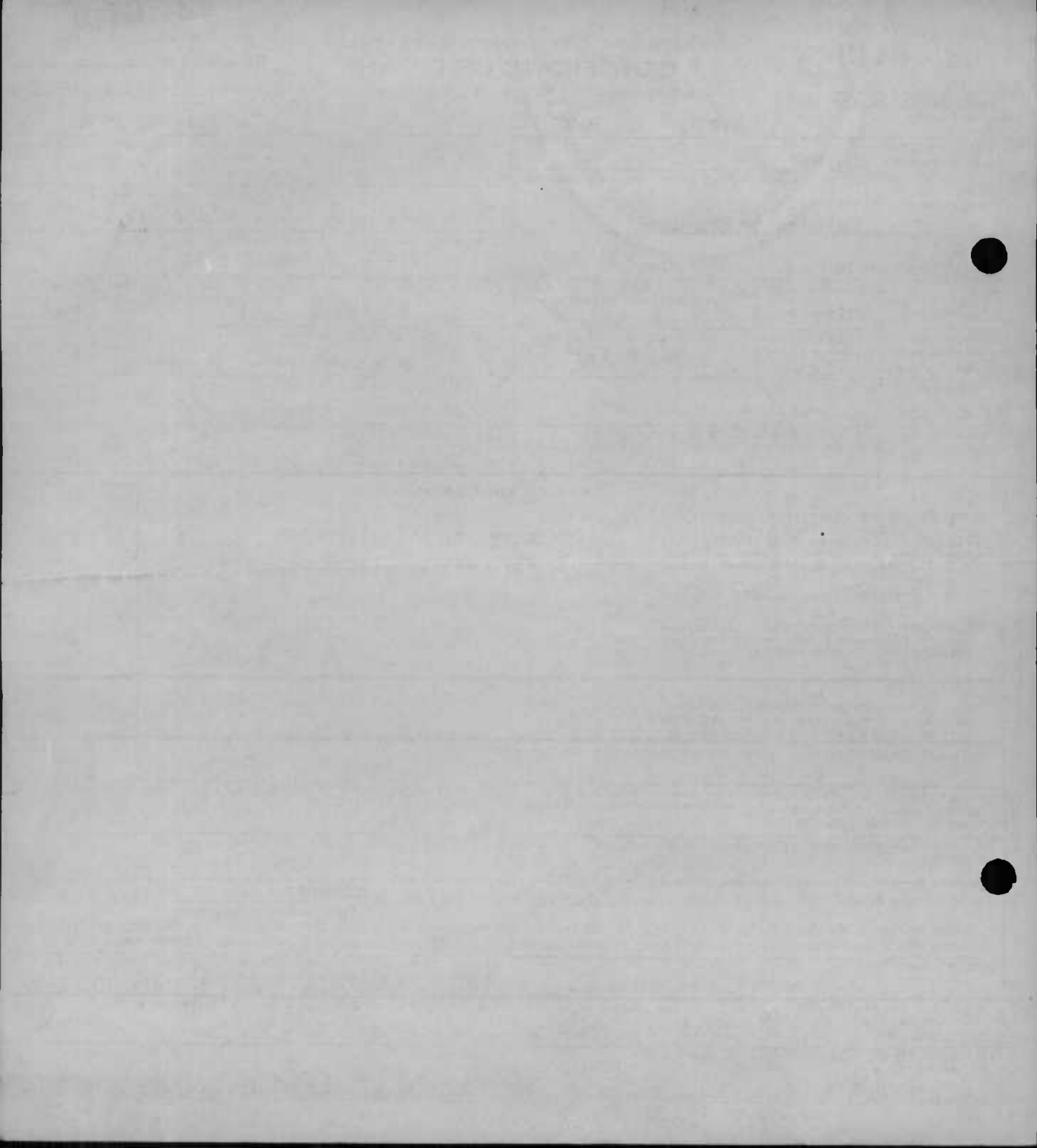
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



52 6420

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6420
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sister Mary Timothea

2. DATE
OF
DEATH

July 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If in institution, residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Convent of Notre Dame

Maryland

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

901 Aisquith Street

C. Length of stay in Baltimore 11 mos.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug. 17, 1883

9. AGE (In years, last birthday)

68

10 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Teacher

10B. KIND OF BUSINESS OR INDUSTRY

Religious

11. BIRTHPLACE (State or foreign country)

Roxbury Mass.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Timothy O'Brien

14. MOTHER'S MAIDEN NAME

Marg. Mc. Carty

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Sr. M. Stan. Kostka S.S.N.D.

18. 199.9

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May 1, 1952, to July 9, 1952, that I last saw the deceased alive on July 8, 1952, and that death occurred at 8.45 P.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 11 1952

VS 150

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STATE OF TEXAS

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52 6421

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6421

Registered No.

BIRTH NO. 52-15181

1. NAME OF DECEASED
(Type or Print)

BABY GIEL ROY

2. DATE
OF
DEATH

JULY 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

UNIVERSITY HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE MD. B. COUNTY before admission)C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 13-02D. STREET ADDRESS (If rural, give location)
2300 CARLOW AV.

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

JULY 7, 1952

9. AGE (In years
last birthday)If Under 1 Year
Months: Days

0 0 0

If Under 24 Hours
Hours: Min.

0 30

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY11. BIRTHPLACE (State or foreign country)
MD.12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

ROY

14. MOTHER'S MAIDEN NAME

HELEN ROY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

HELEN ROY

ADDRESS

18. 758.6 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE, (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/7 1952, to 7/8 1952, that I last saw the
deceased alive on 7/8 1952, and that death occurred at 2:15 A. M., from the causes and on the date stated above.

22A. SIGNATURE

M. D.

22B. ADDRESS

22C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 11 1952

Huntington Williams, M.D.

Commissioner of Health

VS 150

UNIVERSITY MEDICAL SCHOOL JUL 9 1952

MEDICAL CERTIFICATION

RZK-159090

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6422

52 6422

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lee Branch

2. DATE
OF
DEATH

6-6-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)A. STATE
Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospital
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

C. Length of stay in Baltimore

48 yrs.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

Crownsville State Hospital

5. SEX
M6. COLOR OR RACE
N7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

March 1, 1881

9. AGE (in years
last birthday)
71 yrs.10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Albert Branch

14. MOTHER'S MAIDEN NAME

Mary Fitzgerald

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

Record B.C.H.

ADDRESS

4940 Eastern Ave.

18. 446x I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) A.S. Nephrosclerosis

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

4 days

Unknown

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

5-12-52
5-28-52

19B. MAJOR FINDINGS OF OPERATION

suprapubic
Cystostomy - Cystoscopy

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-12 1952, to 6-6 1952, that I last saw the
deceased alive on 6-6 1952, and that death occurred at 1:10 P.M., from the causes and on the date stated above.

23A. SIGNATURE

C. S. Rogers M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

6-18-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

UNIVERSITY MEDICAL SCHOOL JUL 9 1952

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Jr. Commissioner of Health

25. FUNERAL DIRECTOR

ADDRESS

JUL 11 1952

1950

CONFIDENTIAL

Page 2 of 2

1. [illegible]

2. [illegible]

3. [illegible]

4. [illegible]

5. [illegible]

6. [illegible]

7. [illegible]

8. [illegible]

9. [illegible]

10. [illegible]

11. [illegible]

12. [illegible]

13. [illegible]

14. [illegible]

15. [illegible]

30

52 6423

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6423
Registered No.

1. NAME OF DECEASED (Type or Print) ANNA BRADY			2. DATE OF DEATH July 9, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-04		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 943 N. Broadway		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH 7-26-1899	9. AGE (In years last birthday) 62	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LAND LADY			10B. KIND OF BUSINESS OR INDUSTRY ROOMING HOUSE		
11. BIRTHPLACE (State or foreign country) BALTIMORE, MD			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME JAMES MACHOVEC			14. MOTHER'S MAIDEN NAME MARY MUSILEK		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT JOS. MACHOVEC			ADDRESS 930 N. BROADWAY		

18. **422.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) **Arteriosclerotic cardiovascular disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

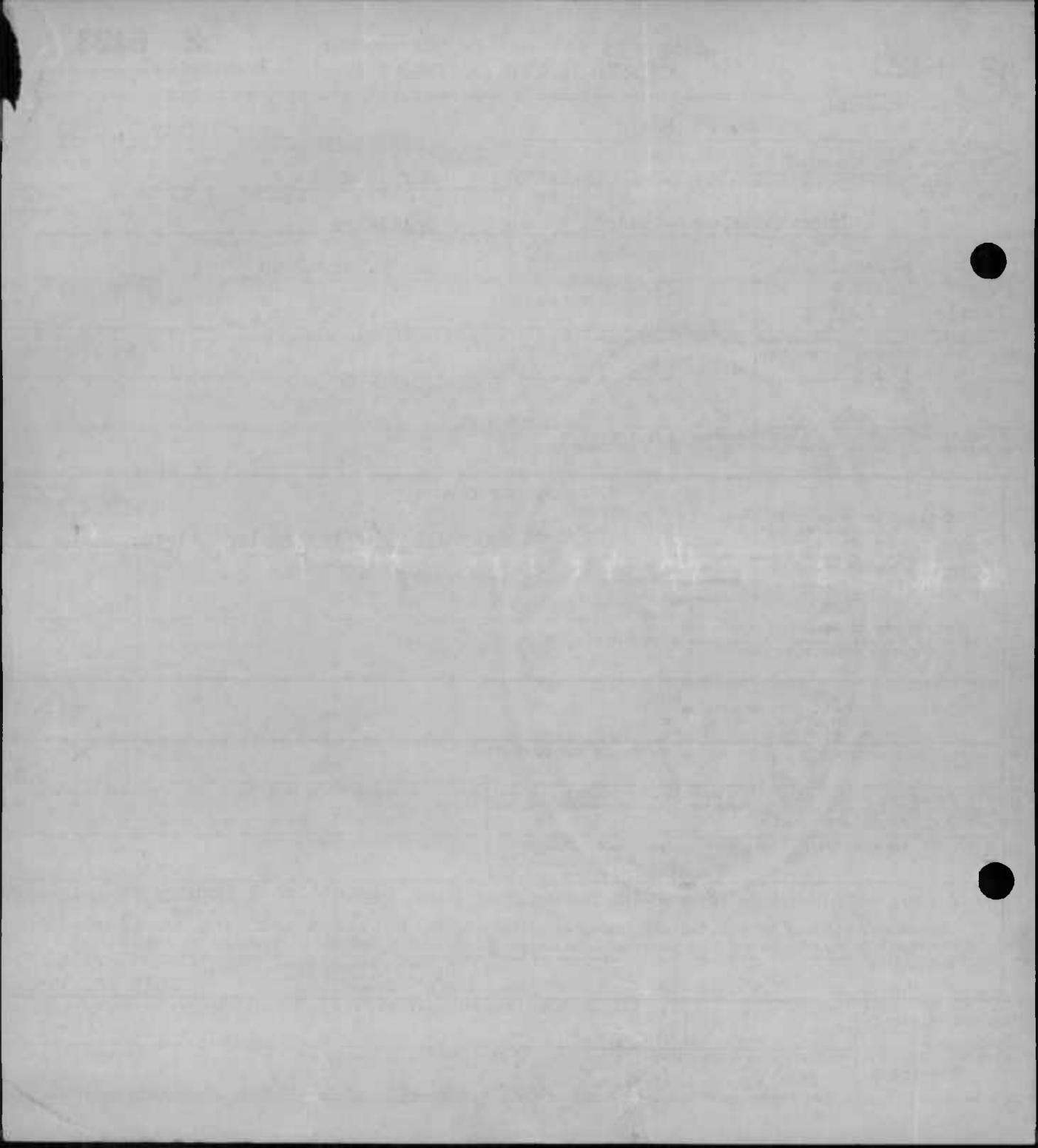
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion, resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley H. Dulascher</i> M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23C. DATE SIGNED July 10, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 7-12-52		24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER	
24D. LOCATION (City, town, or county) BALTIMORE, MD		24E. LOCATION (State) MD			

DATE RECEIVED BY LOCAL REGISTER JUL 11 1952		REGISTRAR'S SIGNATURE <i>Huntington W. ...</i>		25. FUNERAL DIRECTOR FR. CVACH & SON	
ADDRESS 900 N. CHESTER ST		290 8B			



52 6424

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6424
Registered No.

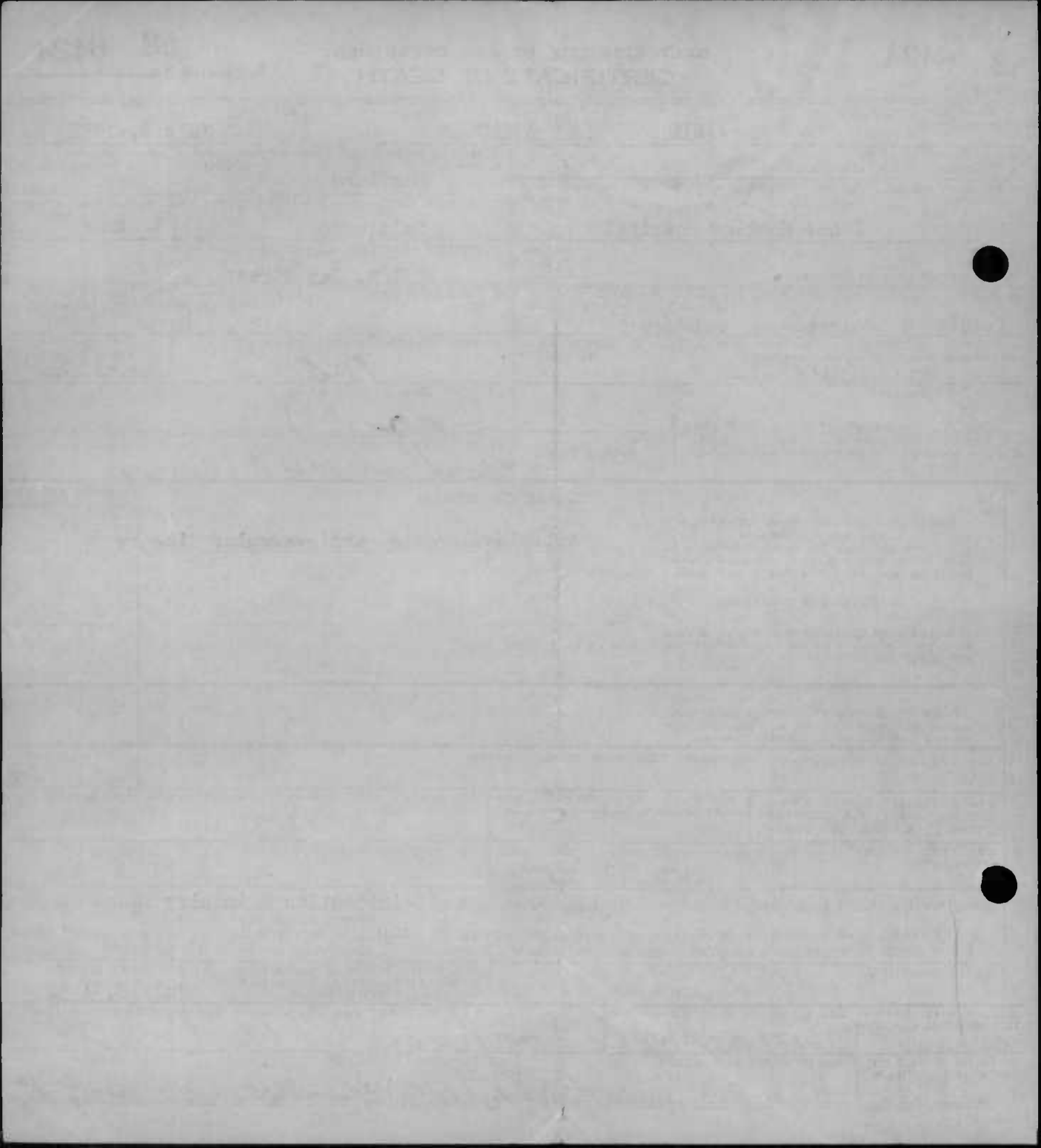
1. NAME OF DECEASED (Type or Print)		JANIE THOMPSON		2. DATE OF DEATH July 8, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 10-02			
D. STREET ADDRESS (If rural, give location) 931 N. Gay Street		5. SEX female			
6. COLOR OR RACE colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow			
8. DATE OF BIRTH		9. AGE (In years last birthday) 70			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Md	
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME Thomas Jones			
14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT Edward Jones 304 N. Arden St			

18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) Arteriosclerotic cardiovascular disease		DUE TO			
II ANTECEDENT CAUSES		(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		DUE TO			
(C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R. F. Fisher		23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED July 8, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE July 11, 1952		24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cms	
24D. LOCATION (City, town, or county) A.A. Co. Md		24E. FUNERAL DIRECTOR		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR JUL 11 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR 1515 N. Elders St	
V S 151		7208A			



100

52 6425

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6425
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Alec Hill</i>		2. DATE OF DEATH <i>July 7, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>2</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY <i>11-04</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1320 Mc Culloch St.</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>5-2-1892</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) <i>60</i>	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Virginia</i>	
13. FATHER'S NAME <i>Frank Hill</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	

18. <i>157X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>(A) carcinoma of pancreas</i> DUE TO		INTERVAL BETWEEN ONSET AND DEATH <i>1 yr</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>(B) ...</i> DUE TO <i>(C) hypertensive cardiovascular disease</i>		<i>?</i>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>7-7</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> m. WORK AT WORK	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from *7-7*, 1952 to *7-7*, 1952 that I last saw the deceased alive on *7-7*, 1952, and that death occurred at *9 250* pm., from the causes and on the date stated above.

23A. SIGNATURE <i>Richard J. Johns</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>8 July 52</i>
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>July 13-1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>First Baptist Cemetery Stone Creek Va</i>	24D. LOCATION (City, town, or county) (State) <i>1515 Mc Elden St</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 11 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>1515 Mc Elden St</i>

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6426

BIRTH NO. 52 6426

1. NAME OF DECEASED
(Type or Print)

FELIX

KOPEL KOPERA

2. DATE
OF
DEATH July 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Maryland General Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3326 (3626) O'Donnell Street

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 1905 47

9. AGE (in years
last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Heeder Burns Beth. Steel Co.

10B. KIND OF BUSINESS OR
INDUSTRY

Beth. Steel Co.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Casimir Kopera

14. MOTHER'S MAIDEN NAME

Justina Szidzic

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Phandra Kopera

ADDRESS

3326 O'Donnell ST

18. E917.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)(A) Second and third degree burns of 75%
of the body surface

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Industrial place

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Bethlehem Steel Plant, Key Highway

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

July 3, 1952

21E. INJURY OCCURRED
WHILE AT WORK ☒ NOT WHILE
AT WORK ☐21F. HOW DID INJURY OCCUR? Clothing caught on
fire while burning inside a coffer dam22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. R. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

July 9, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)DATE RECEIVED BY
LOCAL REGISTRAR

24B. DATE

REGISTRAR'S SIGNATURE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

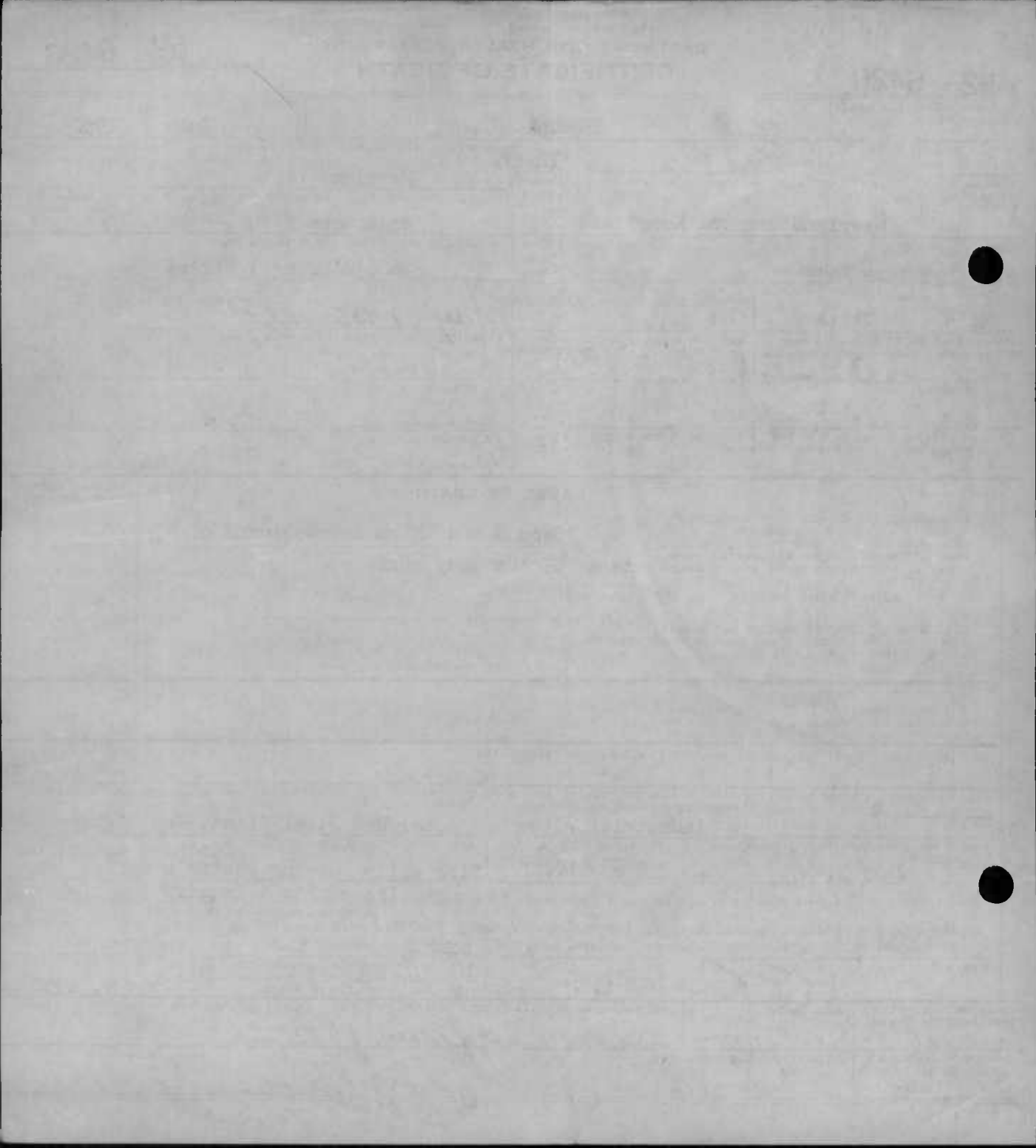
1111 11 1952

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

Fred M. Orosowski



653
2 6427

52 6427

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

1. NAME OF DECEASED (Type or Print) Mary Elizabeth Skrentny			2. DATE OF DEATH July 8, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland 3836 Sequoia Ave.			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION _____			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 33 yrs			D. STREET ADDRESS (If rural, give location) 3836 Sequoia Ave.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Jan. 30, 1878	9. AGE (In years last birthday) 74	If Under 1 Year Months Days Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home			11. BIRTHPLACE (State or foreign country) Keyser W. Va.		
13. FATHER'S NAME William Berrett			14. MOTHER'S MAIDEN NAME Elizabeth Loude		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. ---		
17. INFORMANT Harry E. Skrentny-3836 Sequoia Ave.			ADDRESS		
18. 174X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cancer of the uterus with generalized metastases CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO INTERVAL BETWEEN ONSET AND DEATH					
19. DATE OF OPERATION 0 19. MAJOR FINDINGS OF OPERATION					
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 12, 1952 to July 8, 1952 , that I last saw the deceased alive on July 8, 1952 and that death occurred at 3:10 p.m. from the causes and on the date stated above.					
23A. SIGNATURE Huntington Williams, M.D.		23B. ADDRESS 3033 Woodlark		23C. DATE SIGNED July 10, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE July 11-52		24C. NAME OF CEMETERY OR CREMATORY Melville Cem.	
24D. LOCATION (City, town, or county) (State) Elkridge, Md.		24E. FUNERAL DIRECTOR Ellsworth Armacost			
24F. DATE RECEIVED BY LOCAL REGISTRAR JUL 11 1952		24G. ADDRESS 4500 Liberty Hgts Ave.			

STATE OF CALIFORNIA
DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age	
4. Date of Death		5. Time of Death		6. Place of Death	
7. Cause of Death		8. Manner of Death		9. Signature of Physician	
10. Signature of Registrar		11. Signature of Coroner		12. Signature of Medical Examiner	
13. Signature of Health Officer		14. Signature of County Clerk		15. Signature of State Registrar	
16. Signature of State Health Officer		17. Signature of State Coroner		18. Signature of State Medical Examiner	
19. Signature of State Health Officer		20. Signature of State Coroner		21. Signature of State Medical Examiner	
22. Signature of State Health Officer		23. Signature of State Coroner		24. Signature of State Medical Examiner	
25. Signature of State Health Officer		26. Signature of State Coroner		27. Signature of State Medical Examiner	
28. Signature of State Health Officer		29. Signature of State Coroner		30. Signature of State Medical Examiner	
31. Signature of State Health Officer		32. Signature of State Coroner		33. Signature of State Medical Examiner	
34. Signature of State Health Officer		35. Signature of State Coroner		36. Signature of State Medical Examiner	
37. Signature of State Health Officer		38. Signature of State Coroner		39. Signature of State Medical Examiner	
40. Signature of State Health Officer		41. Signature of State Coroner		42. Signature of State Medical Examiner	
43. Signature of State Health Officer		44. Signature of State Coroner		45. Signature of State Medical Examiner	
46. Signature of State Health Officer		47. Signature of State Coroner		48. Signature of State Medical Examiner	
49. Signature of State Health Officer		50. Signature of State Coroner		51. Signature of State Medical Examiner	
52. Signature of State Health Officer		53. Signature of State Coroner		54. Signature of State Medical Examiner	
55. Signature of State Health Officer		56. Signature of State Coroner		57. Signature of State Medical Examiner	
58. Signature of State Health Officer		59. Signature of State Coroner		60. Signature of State Medical Examiner	
61. Signature of State Health Officer		62. Signature of State Coroner		63. Signature of State Medical Examiner	
64. Signature of State Health Officer		65. Signature of State Coroner		66. Signature of State Medical Examiner	
67. Signature of State Health Officer		68. Signature of State Coroner		69. Signature of State Medical Examiner	
70. Signature of State Health Officer		71. Signature of State Coroner		72. Signature of State Medical Examiner	
73. Signature of State Health Officer		74. Signature of State Coroner		75. Signature of State Medical Examiner	
76. Signature of State Health Officer		77. Signature of State Coroner		78. Signature of State Medical Examiner	
79. Signature of State Health Officer		80. Signature of State Coroner		81. Signature of State Medical Examiner	
82. Signature of State Health Officer		83. Signature of State Coroner		84. Signature of State Medical Examiner	
85. Signature of State Health Officer		86. Signature of State Coroner		87. Signature of State Medical Examiner	
88. Signature of State Health Officer		89. Signature of State Coroner		90. Signature of State Medical Examiner	
91. Signature of State Health Officer		92. Signature of State Coroner		93. Signature of State Medical Examiner	
94. Signature of State Health Officer		95. Signature of State Coroner		96. Signature of State Medical Examiner	
97. Signature of State Health Officer		98. Signature of State Coroner		99. Signature of State Medical Examiner	
100. Signature of State Health Officer		101. Signature of State Coroner		102. Signature of State Medical Examiner	

020

48-03197

BALTIMORE CITY HEALTH DEPARTMENT

52 6428

CERTIFICATE OF DEATH

Registered No.

52 6428
BIRTH NO. 48-031971. NAME OF DECEASED
(Type or Print) **EDWARD**
Louis Powers2. DATE
OF DEATH **7-10-52**3. PLACE OF DEATH:
A. Baltimore City, MarylandB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION**Lutheran Hospital**

C. Length of stay in Baltimore

45. SEX
Male6. COLOR OR RACE
White7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE
Md.C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

1107 N. Lakewood Ave.10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
child10B. KIND OF BUSINESS OR INDUSTRY
child

8. DATE OF BIRTH

2-4-1948

9. AGE (In years last birthday)

4If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland - Baltimore12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Louis Edward Powers

14. MOTHER'S MAIDEN NAME

Rose Mary D'Amico15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT
ADDRESS
Louis E. Powers, father, above18. **384X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)(A) **Cardiac Arrest**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE. (A) STATING THE
UNDERLYING CONDITION LAST.(B) **Cerebral Anoxia**
DUE TOII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

7-7-52

19B. MAJOR FINDINGS OF OPERATION

Rt. Internal Strabismus21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **7-6-52**, 19**52**, to **7-10-52**, 19**52**, that I last saw the deceased alive on **7-10-52**, 19**52**, and that death occurred at **1235 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE

Harold E. Daly Jr.

23B. ADDRESS

Lutheran Hospital

23C. DATE SIGNED

7-10-5224A. BURIAL, CREMA-
TION, REMOVAL (Specify)**Burial**

24B. DATE

July 14, 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

4430 Belair Rd. Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.

ADDRESS

2601-3-5 E4 Madison St.

DATE OF BIRTH

PLACE OF BIRTH

DATE OF DEATH

REASON FOR DEATH

DATE OF INTERVIEW

NAME OF INTERVIEWER

DATE OF ENTRY

NAME OF ENTRY

540

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6429
Registered No.52 6429
BIRTH NO.

1. NAME OF DECEASED (Type or Print) RICHARD C. SCHNELL			2. DATE OF DEATH JULY 9, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MD. B. COUNTY 27-10		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 5011 READY AVE			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO		
c. Length of stay in Baltimore 13 YRS.			D. STREET ADDRESS (If rural, give location) 5011 READY AVE		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH AUG. 2, 1879	9. AGE (In years last birthday) 72	10. Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BLACKSMITH		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) MD.		12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME CONRAD SCHNELL			14. MOTHER'S MAIDEN NAME CHRISTINA MUELLER		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS MRS. ROSE R. SCHNELL SAME		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Acute Coronary Occlusion DUE TO (B) _____ DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH 8 weeks
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from May 11, 1952 , to July 9, 1952 , that I last saw the deceased alive on July 9, 1952 , and that death occurred at 6:45 P. M. , from the causes and on the date stated above.					
23A. SIGNATURE Lloyd E. Saylor		23B. ADDRESS 3902 Greenmount av.		23C. DATE SIGNED July 10, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE JULY 12, 1952		24C. NAME OF CEMETERY OR CREMATORY ST. JOHNS	
24D. LOCATION (City, town or county) (State) WESTMINISTER MD.		25. FUNERAL DIRECTOR ADDRESS H. W. JENKINS & SONS Co. 4905 YORK RD. BALTO., MD.			
DATE RECEIVED BY LOCAL REGISTRAR JUL 13 1952		REGISTRAR'S SIGNATURE Huntington Williams		50184	

MEDICAL CERTIFICATION

DR. L. E. SAYLOR

3902 GREENMOUNT

340

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHRegistered No. 52 6430BIRTH NO. 52 6430

1. NAME OF DECEASED (Type or Print) <u>LUCRETIA REID (SPENCE) WHITELEY</u>			2. DATE OF DEATH <u>July 10 1952</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md</u> B. COUNTY		
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>100 N. University Pkwy.</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 12-01</u>		
c. Length of stay in Baltimore <u>?</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>100 N. University Pkwy</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>Nov 28 1860</u>	9. AGE (in years last birthday) <u>91</u>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>own home</u>	11. BIRTHPLACE (State or foreign country) <u>Norfolk Va</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13. FATHER'S NAME <u>Geo C Spence</u>			14. MOTHER'S MAIDEN NAME <u>Harriet C. Reid</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS <u>Mercantile Trust Co Balt. Md</u>		

1B. <u>450.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Pneumonia (Terminal)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Cancer - Adenocarcinoma</u>		<u>2 years</u>
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>t.</u>		

19A. DATE OF OPERATION <u>6</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Jan 1952</u> , to <u>July 10th</u> , 1952, that I last saw the deceased alive on <u>July 10th</u> , 1952, and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Chalard</u>		23B. ADDRESS <u>15 E. Mall St. Balt 3d.</u>		23C. DATE SIGNED <u>July 11 1952</u>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>July 12 1952</u>	24C. NAME OF CEMETERY OR CREMATORY <u>London Park</u>	24D. LOCATION (City, town, & county) <u>Baltimore</u>	(State)
DATE RECEIVED BY LOCAL REGISTRAR <u>JUL 11 1952</u>		REGISTRAR'S SIGNATURE <u>Huntington Williams</u>		25. FUNERAL DIRECTOR ADDRESS <u>West H. Perkins, Son 4905 York Rd</u>	

Mr. J. L. Chataud
15 E. Biddle
9-11 am

52 6431

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6431
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELSIE J. KLEIN KLINE (22)

2. DATE
OF
DEATH July 8, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
location)

Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1817 Lemmon Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

6/5/1911

9. AGE (In years
last birthday)

41

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Machinist Operator

10B. KIND OF BUSINESS OR
INDUSTRY

Germ Paint Co

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Betty Arnold 215 S. Morris St.

18. 191X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary infarction

DUE TO pulmonary embolism

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Thrombophlebitis of both legs

DUE TO Carcinoma of the cervix

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

P. B. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒
ASSISTANT MEDICAL EXAMINER ☐
MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

July 9, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7/11/52

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

A. A. Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

1217 St. Paul St.

1913 54

CONFIDENTIAL

1913 54

460

52 6432

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6432
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Frances Miller

2. DATE
OF
DEATH

7-10-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

St. Agnes Hospital

C. Length of stay in Baltimore

77

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

(unknown) Roessler

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Md.

D. STREET ADDRESS (If rural, give location)

3007 Hammonds Ferry Rd.

5300

8. DATE OF BIRTH

Aug 5 1880

9. AGE (In years
last birthday)

87 1

11 Under 1 Year
Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U S A

14. MOTHER'S MAIDEN NAME

Frances (Unknown)

17. INFORMANT

3007 ADDRESS

Elic Geyer Hammonds Ferry Rd.

18. 175 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Generalized Carcinomatosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Carcinoma of the ovary

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATHII
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7-6-1954 to 7-10-1952, that I last saw the
deceased alive on 7-10-1952, and that death occurred at 4:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

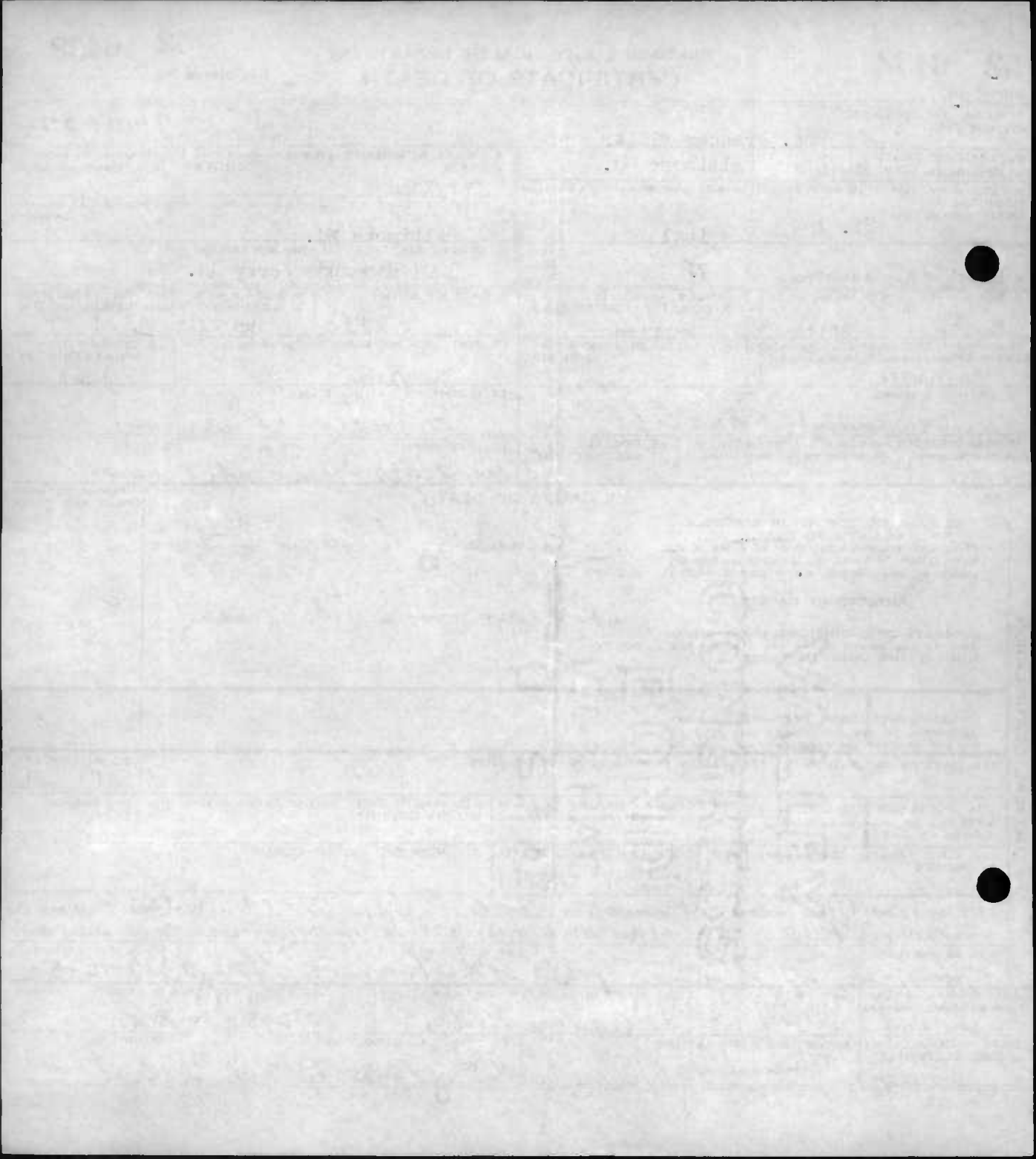
ADDRESS

111 111352

VS 150

Huntington Williams

4217 St. Paul St.



160

52 6433

52 6433

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Jacob Miller</i>			2. DATE OF DEATH <i>JUL 11 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Md. mby</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore, 27-20</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>3622 Glen Ave</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>12-3-75</i>	9. AGE (In years last birthday) <i>76</i>	If Under 1 Year Months: Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Merchant</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Neckwear</i>		
11. BIRTHPLACE (State or foreign country) <i>Poland</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>George Miller</i>			14. MOTHER'S MAIDEN NAME <i>Jennie Robinson</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>					

18. <i>162 X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Branchogenic Lencinoma</i> DUE TO (A) <i>Branchogenic Lencinoma</i> (B) <i>Branchogenic Lencinoma</i> (C) <i>Branchogenic Lencinoma</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *7-3-*, 1952 to *7-11-*, 1952 that I last saw the deceased alive on *7-11-*, 1952, and that death occurred at *4:20 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE <i>Brewster C. Doust</i> M. D.	23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	23C. DATE SIGNED <i>7/11/52</i>
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24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>7-10-52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Baltimore Hebrew</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Md</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 11 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Jack Lewis Inc</i>	ADDRESS <i>2100 Canton Pl</i>

NOT A MEDICAL EXAMINER'S CASE

J. J. Dineen

M.D.

CHIEF OR ASST. MEDICAL EXAMINER

250
52 6434BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6434

1. NAME OF DECEASED (Type or Print) ETHEL / TYSON			2. DATE OF DEATH July 9, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 762 W. Baltimore Street		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug. 25, 1906	9. AGE (In years last birthday) 45	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			11. BIRTHPLACE (State or foreign country) West Virginia		
10B. KIND OF BUSINESS OR INDUSTRY at home			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Arbhur Helmick			14. MOTHER'S MAIDEN NAME Sarah Blackburn		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			16. SOCIAL SECURITY NO. no		
17. INFORMANT Mr. Morris E. Tyson-762 W. Balto. St.			ADDRESS		

18. 025X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Syphilitic meningo-encephalitis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley A. Durlacher, M.D.</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED July 10, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal		24B. DATE 7/12/52		24C. NAME OF CEMETERY OR CREMATORY Lutheran Cem.	
24D. LOCATION (City, town, or county) Shrewsbury, Pa.		(State)			

DATE RECEIVED BY LOCAL REGISTRAR JUL 11 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Wm. J. Pickner & Sons</i>	
VS 151				ADDRESS Balto 17, Md	

IN WITNESS WHEREOF

I have hereunto set my hand and seal of office

this 1st day of January

1911

Notary Public in and for the State of Texas

My commission expires the 1st day of January

1912

My term of office begins the 1st day of January

1911

My term of office ends the 1st day of January

1912

My term of office begins the 1st day of January

1911

My term of office ends the 1st day of January

1912

My term of office begins the 1st day of January

1911

My term of office ends the 1st day of January

1912

Witness my hand and seal of office
this 1st day of January
1911

CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 6435

1. NAME OF DECEASED (Type or Print) FRANK L. BUTCHER			2. DATE OF DEATH July 9, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Essex		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 814 Brunswick Road		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 27, 1910	9. AGE (in years last birthday) 34	10. Under 1 Year Months: Days 11 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician			10B. KIND OF BUSINESS OR INDUSTRY Railroad		
11. BIRTHPLACE (State or foreign country) Penna.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Joseph Butcher			14. MOTHER'S MAIDEN NAME Barbara Bittorie		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) yes World War II			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Laurine Butcher - 814 Brunswick Rd.			ADDRESS Essex		

18. **E935.4** CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Asphyxia**
DUE TO **electrocution**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIB. <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) park-golf course	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Clifton Park
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY July 9, 1952 3:30 P. m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Struck by lightning

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>Stanley J. Dunleavy</i>	23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED July 10, 1952
--	--	--

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7/14/52	24C. NAME OF CEMETERY OR CREMATORY Balto. National Cem.	24D. LOCATION (City, town, or county) (State) Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR JUL 11 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>J. Pickner & Sons</i>	ADDRESS Balto 17 Md

1875

000
2 6436BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6436

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA WHYE

2. DATE
OF
DEATH

7/10/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland University Hospital

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNIVERSITY HOSPITAL

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX
F6. COLOR OR RACE
NEGRO7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
M.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

8. DATE OF BIRTH

1882

9. AGE (In years
last birthday)

70.

11 Under 1 Year
Months Days11 Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Richard Lany

14. MOTHER'S MAIDEN NAME

Justiceinsky

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 174X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Electrolyte imbalance

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Intestinal obstruction
(C) Carcinomatosis { body of uterus
stomach

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
INJURY

21E. INJURY OCCURRED

WHILE AT ☐
WORKNOT WHILE ☐
AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1, 1952, to 7/10, 1952, that I last saw the
deceased alive on 7/10, 1952, and that death occurred at 10 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Donald A. Wogel

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

7/11/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

7-13-52

24C. NAME OF CEMETERY OR CREMATORY

Bultertown Cem

24D. LOCATION (City, town, or county) (State)

Kent Co. Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Marvyn B. Williams

ADDRESS

Chester town Md

VS 150

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RECEIVED
OFFICE OF THE
DIRECTOR OF THE
BUREAU OF THE
CENSUS

VALLEY
COUNCIL
OF
THE
UNITED STATES
OF AMERICA

NAME	ADDRESS	CITY	STATE	ZIP
J. Edgar Hoover	Washington, D.C.	Washington	D.C.	20535
John F. Kennedy	Boston, Mass.	Boston	Mass.	02108
Lyndon B. Johnson	Austin, Texas	Austin	Texas	78701
Hubert H. Humphrey	St. Paul, Minn.	St. Paul	Minn.	55101
Walter Mondale	St. Paul, Minn.	St. Paul	Minn.	55101
Jimmy Carter	Savannah, Ga.	Savannah	Ga.	31401
Ronald Reagan	Tulsa, Okla.	Tulsa	Okla.	74101
Gerald R. Ford	Ann Arbor, Mich.	Ann Arbor	Mich.	48101
Richard M. Nixon	San Francisco, Calif.	San Francisco	Calif.	94101
Spiro T. Agnew	Annapolis, Md.	Annapolis	Md.	21401
Jesse White	Montgomery, Ala.	Montgomery	Ala.	36101
George Wallace	Birmingham, Ala.	Birmingham	Ala.	35201
Barry Goldwater	Phoenix, Ariz.	Phoenix	Ariz.	85001
Franklin D. Roosevelt	New York, N.Y.	New York	N.Y.	10001

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 6437
Registered No.

460
2 6437
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Jesse Taylor			2. DATE OF DEATH 7-9-52		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE Maryland b. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) Lutheran Hospital			c. CITY OR TOWN (If outside corporate limits, write FULL and give township) Baltimore		
c. Length of stay in Baltimore 50 years			d. STREET ADDRESS (If rural, give location) 3419 Hickory Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 1-28-81	9. AGE (In years last birthday) 71	10. Under 1 Year Months: Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Septon			10b. KIND OF BUSINESS OR INDUSTRY Church		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME William Taylor			14. MOTHER'S MAIDEN NAME Leattie		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT William A. Taylor			ADDRESS 3419 Hickory Avenue		

18. 260x		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Cerebral Vascular Accident		
DUE TO		(B) Arteriosclerosis		
DUE TO		(C) Diabetes Mellitus		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		Diabetic Gangrene Rt Leg		
19a. DATE OF OPERATION 7-7-52		19b. MAJOR FINDINGS OF OPERATION Diabetic Gangrene (Amputation)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **6-30-52**, 19__, to **7-9-52**, 19__, that I last saw the deceased alive on **7-9-52**, 19__, and that death occurred at **2:50 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE Harold X. Dohy Jr.	M. D.	23b. ADDRESS Lutheran Hospital	23c. DATE SIGNED 7-9-52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE July 14-1952	24c. NAME OF CEMETERY OR CREMATORY Woodlawn	24d. LOCATION (City, town, or county) (State) Baltimore Co. Maryland
DATE RECEIVED BY LOCAL REGISTRAR JUL 11 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR Rurpee Funeral Home	ADDRESS 3631 Falls Road

7708W **Horace F. Rurpee**

MEDICAL CERTIFICATION

92-6434

INTERNATIONAL HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1. Name of Deceased		2. Sex		3. Age		4. Date of Death	
5. Place of Birth		6. Usual Residence		7. Cause of Death		8. Manner of Death	
9. Occupation		10. Signature of Physician		11. Signature of Registrar		12. Signature of Medical Officer	
13. Signature of Coroner		14. Signature of Police Officer		15. Signature of Minister of Health		16. Signature of Mayor	
17. Signature of Justice of the Peace		18. Signature of Notary Public		19. Signature of School Teacher		20. Signature of Minister of Education	
21. Signature of Minister of Agriculture		22. Signature of Minister of Commerce		23. Signature of Minister of Finance		24. Signature of Minister of War	
25. Signature of Minister of Navy		26. Signature of Minister of Air Force		27. Signature of Minister of Marine		28. Signature of Minister of Colonies	
29. Signature of Minister of Overseas		30. Signature of Minister of Foreign Affairs		31. Signature of Minister of Interior		32. Signature of Minister of Justice	
33. Signature of Minister of Education		34. Signature of Minister of Health		35. Signature of Minister of Agriculture		36. Signature of Minister of Commerce	
37. Signature of Minister of Finance		38. Signature of Minister of War		39. Signature of Minister of Navy		40. Signature of Minister of Air Force	
41. Signature of Minister of Marine		42. Signature of Minister of Colonies		43. Signature of Minister of Overseas		44. Signature of Minister of Foreign Affairs	
45. Signature of Minister of Interior		46. Signature of Minister of Justice		47. Signature of Minister of Education		48. Signature of Minister of Health	
49. Signature of Minister of Agriculture		50. Signature of Minister of Commerce		51. Signature of Minister of Finance		52. Signature of Minister of War	
53. Signature of Minister of Navy		54. Signature of Minister of Air Force		55. Signature of Minister of Marine		56. Signature of Minister of Colonies	
57. Signature of Minister of Overseas		58. Signature of Minister of Foreign Affairs		59. Signature of Minister of Interior		60. Signature of Minister of Justice	
61. Signature of Minister of Education		62. Signature of Minister of Health		63. Signature of Minister of Agriculture		64. Signature of Minister of Commerce	
65. Signature of Minister of Finance		66. Signature of Minister of War		67. Signature of Minister of Navy		68. Signature of Minister of Air Force	
69. Signature of Minister of Marine		70. Signature of Minister of Colonies		71. Signature of Minister of Overseas		72. Signature of Minister of Foreign Affairs	
73. Signature of Minister of Interior		74. Signature of Minister of Justice		75. Signature of Minister of Education		76. Signature of Minister of Health	
77. Signature of Minister of Agriculture		78. Signature of Minister of Commerce		79. Signature of Minister of Finance		80. Signature of Minister of War	
81. Signature of Minister of Navy		82. Signature of Minister of Air Force		83. Signature of Minister of Marine		84. Signature of Minister of Colonies	
85. Signature of Minister of Overseas		86. Signature of Minister of Foreign Affairs		87. Signature of Minister of Interior		88. Signature of Minister of Justice	
89. Signature of Minister of Education		90. Signature of Minister of Health		91. Signature of Minister of Agriculture		92. Signature of Minister of Commerce	
93. Signature of Minister of Finance		94. Signature of Minister of War		95. Signature of Minister of Navy		96. Signature of Minister of Air Force	
97. Signature of Minister of Marine		98. Signature of Minister of Colonies		99. Signature of Minister of Overseas		100. Signature of Minister of Foreign Affairs	

352 ODAH M. REDDING

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6438

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Odah M. Redding

2. DATE
OF
DEATH

7-10-52.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Maryland General Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1344 Weldon Ave

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Jan. 16, 1895

9. AGE (In years

57

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Telephone Operator

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Baltimore Maryland

12. CITIZEN OF

WHAT COUNTRY?
U.S.

13. FATHER'S NAME

Tel. Co

Wm E. Redding

14. MOTHER'S MAIDEN NAME

Elizabeth Bamber

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

No

16. SOCIAL

SECURITY NO.
213-03-4118

17. INFORMANT

ADDRESS

William Emory Redding 1344 Weldon Ave.

18. 199.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Abdominal Carcinomatosis.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐

22. I hereby certify that I attended the deceased from 3-21-52, 19 to 7-10, 1952, that I last saw the deceased alive on 7-10, 1952 and that death occurred at 3:50 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Frank D. Hauber

M. D.

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

7-10-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 11 1952

Huntington Williams, M.D.

Burgess Funeral Home 3631 Park Road

VS 150

3705A

Norace F. Burgess

MEDICAL CERTIFICATION

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RECEIVED
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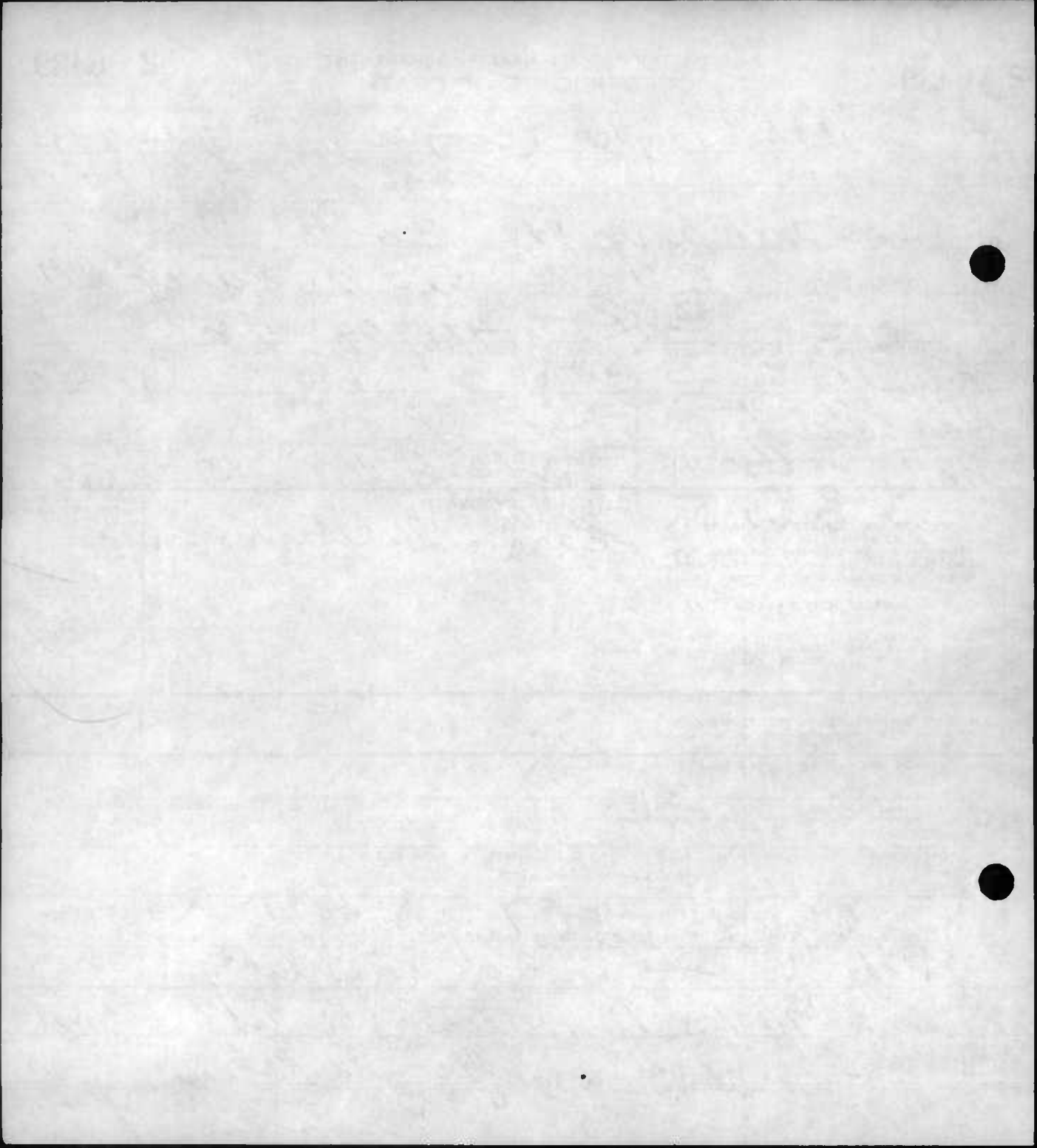


**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6439**

BIRTH NO. 460 2160 6439		1. NAME OF DECEASED (Type or Print) Della^a Taylor (Cooper)		2. DATE OF DEATH July 9-1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE Where deceased lived. If institution: residence before admission A. STATE md B. COUNTY		5. CITY OR TOWN Balto	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 515 N. Carey St		C. STREET ADDRESS (If rural, give location) 515 N. Carey St		6. Length of stay in Baltimore ?	
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH 4/4/74	9. AGE (in years last birthday) 78	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. Wife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Va.	
13. FATHER'S NAME Geo. Carter		14. MOTHER'S MAIDEN NAME ?		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT ADDRESS J. B. Harris 515 N. Carey St	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardio Vascular Disease		CAUSE OF DEATH (A) Cardio Vascular Disease DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 4, 1952 , that I last saw the deceased alive on July 6, 1952 , and that death occurred at 9:20 P.M. from the causes and on the date stated above.					
23A. SIGNATURE H. R. Johnson		23B. ADDRESS 403 McArthur Bldg		23C. DATE SIGNED 7-9-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/13/52		24C. NAME OF CEMETERY OR CREMATORY Arbutus	
24D. LOCATION (City, town, or county) (State) Arbutus, Md		25. FUNERAL DIRECTOR Geo. H. Kelson		ADDRESS 1303 Prestman St	
DATE RECEIVED BY LOCAL REGISTRAR JUL 11 1952		REGISTRAR'S SIGNATURE H. L. Williams		VS 150	

MEDICAL CERTIFICATION



CERTIFICATE CORRECTED 8-15-52

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6440

163
52 6440
BIRTH NO.

1. NAME OF DECEASED (Type or Print) Catherine M. Ebert		2. DATE OF DEATH July 9/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Anderson Nursing Home 3605 Hillsdale Rd.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 22 02 Taylor Ave 5300	
5. SEX Female	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 1867 April 3, 1867
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.		9. AGE (In years, last birthday) (85) 84	
10B. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Balto. Md.	
13. FATHER'S NAME Nagel		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Carl J. Ebert, 730 S. Lee St. Alexan-		ADDRESS	

18. 450.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ACUTE LONGSTANDING CARDIAC FAILURE ARTERIO SCLEROSIS		19. CAUSE OF DEATH dria, Va.	INTERVAL BETWEEN ONSET AND DEATH 5 days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from July 4, 1952, to July 9, 1952, that I last saw the deceased alive on July 9, 1952, and that death occurred at 3 P. M., from the causes and on the date stated above.

23A. SIGNATURE Huntington Wallis	23B. ADDRESS 3604 Garrison Blvd. M. D.	23C. DATE SIGNED 7-10-52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE July 12/52	24C. NAME OF CEMETERY OR CREMATORY Loudon Pk.	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
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DATE RECEIVED BY LOCAL REGISTRAR JUL 11 1952	REGISTRAR'S SIGNATURE Huntington Wallis	25. FUNERAL DIRECTOR W. Harry F. Wintz	ADDRESS 4101 Edmondson Ave
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MEDICAL CERTIFICATION

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6441**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Olga A. BORMAN

2. DATE
OF
DEATH

7.11.52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hospital

C. Length of stay in Baltimore

40

☒ Yes
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Md**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write C.R.A. and give township)

Balt 24 26-07

D. STREET ADDRESS (If rural, give location)

409 S. Lehigh St

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

12.6.11

9. AGE in years last birthday

40

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Nurse

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balt, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Borman

14. MOTHER'S MAIDEN NAME

Olga Bigl

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. **58/10 and 260x**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Hepatic acidosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Cirrhosis of the liver

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **6.9.1952** to **7.11.1952** that I last saw the deceased alive on **7.11.1952** and that death occurred at **7:10 a.m.**, from the causes and on the date stated above.

23A. SIGNATURE

C. Chelminsky

M. D.

23B. ADDRESS

Sinai

23C. DATE SIGNED

7.11.52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

July 14-52

24C. NAME OF CEMETERY OR CREMATORY

London Park Cemetery

24D. LOCATION (City, town, or county)

Federals Hill Balt.

DATE RECEIVED BY REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

LOCAL REGISTRAR

Huntington Williams, M.D.

John B. Connolly

1113

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6442**

BIRTH NO. 625 6442		1. NAME OF DECEASED (Type or Print) JOHN MORGAN.		2. DATE OF DEATH 7/9/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE MD B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 911 S. EAST AVE		C. CITY OR TOWN (If outside corporate limits, write R.U.A. and give township) BALTIMORE MD 26-11			
D. STREET ADDRESS (If rural, give location) 911 S. EAST AVE		E. LENGTH OF STAY IN BALTIMORE 57 years.			
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH FEB. 10, 1881		9. AGE (in years last birthday) 71
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED WATERTENDER, ST. OIL CO.		10B. KIND OF BUSINESS OR INDUSTRY Refining		11. BIRTHPLACE (State or foreign country) ENGLAND	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME GEORGE MORGAN.		14. MOTHER'S MAIDEN NAME NOT KNOWN	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS KATHERINE MORGAN 911 S. EAST AVE	
18. 260X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anterior wall MI C.V. Disease		CAUSE OF DEATH (A) Anterior wall MI C.V. Disease DUE TO		INTERVAL BETWEEN ONSET AND DEATH Jan 3/50	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Ischemic heart disease DUE TO		Jan 3/50	
		(C) Acute coronary thrombosis Cerebral hemorrhage		Jan 3/50	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				July 7/52	
19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH? No		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) None		21C. WHERE DID INJURY OCCUR? None	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY None		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? None	
22. I hereby certify that I attended the deceased from 1-3-1950 , to July 7, 1952 , that I last saw the deceased alive on July 7, 1952 , and that death occurred at 11:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Richard J. ...		23B. ADDRESS 842 S. ...		23C. DATE SIGNED 7-11-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 7/12/52		24C. NAME OF CEMETERY OR CREMATORY DAK. LAWN	
24D. LOCATION (City, town, or county) (State) BALTIMORE MD		25. FUNERAL DIRECTOR Huntington Williams, M.D. ...		ADDRESS 1639 Broadway	

Dr. Schmidt

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

CAUSE OF DEATH

1. Immediate Cause
2. Intermediate Cause
3. Underlying Cause

4. Contributing Cause

5. Manner of Death

6. Place of Death

7. Date of Death

8. Time of Death

9. Signature of Physician

10. Signature of Registrar

11. Signature of Coroner

12. Signature of Medical Examiner

13. Signature of Pathologist

14. Signature of Forensic Physician

15. Signature of Toxicologist

16. Signature of Chemist

17. Signature of Microscopist

18. Signature of Radiologist

19. Signature of Anatomist

20. Signature of Histologist

400
52 6443
BIRTH NO.BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6443

1. NAME OF DECEASED (Type or Print) MELVA M. COLE		2. DATE OF DEATH 7/9/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1227 HOLBROOK ST		C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) BALTIMORE 10-01	
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1227 HOLBROOK ST	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH SEPT. 1, 1922
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 29 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
13. FATHER'S NAME LEO. CALLENDER		11. BIRTHPLACE (State or foreign country) BALTIMORE MD	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY?	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME JESSIE MARTIN	
17. INFORMANT CHARLES T. COLE		ADDRESS 1227 HOLBROOK ST	
18. 171X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Carcinoma of Cervix DUE TO (B) metastasis in Stomach DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH 2 years 6 months			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 28, 1952 , to July 9, 1952 , that I last saw the deceased alive on July 8, 1952 , and that death occurred at 9 P. m., from the causes and on the date stated above.			
23A. SIGNATURE E. G. Hall M.D.		23B. ADDRESS 1631 E North Ave	
23C. DATE SIGNED July 10-52			
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 7/12/52	
24C. NAME OF CEMETERY OR CREMATORY ST MARY'S - HAMPTON		24D. LOCATION (City, town, or county) (State) BALTIMORE MD	
DATE RECEIVED BY LOCAL REGISTRAR JUL 11 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Pharmaceutical		ADDRESS 1639 BROADWAY	

MEDICAL CERTIFICATION

Dr. Hall

16312 with me

RECEIVED HEALTH DEPARTMENT
JAN 10 1963

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age	
4. Date of death		5. Time of death		6. Place of death	
7. Cause of death		8. Manner of death		9. Signature of physician	
10. Signature of registrar		11. Signature of medical examiner		12. Signature of coroner	
13. Signature of funeral director		14. Signature of undertaker		15. Signature of cemetery	
16. Signature of hospital		17. Signature of nursing home		18. Signature of hospice	
19. Signature of other institution		20. Signature of other agency		21. Signature of other person	
22. Signature of other person		23. Signature of other person		24. Signature of other person	
25. Signature of other person		26. Signature of other person		27. Signature of other person	
28. Signature of other person		29. Signature of other person		30. Signature of other person	
31. Signature of other person		32. Signature of other person		33. Signature of other person	
34. Signature of other person		35. Signature of other person		36. Signature of other person	
37. Signature of other person		38. Signature of other person		39. Signature of other person	
40. Signature of other person		41. Signature of other person		42. Signature of other person	
43. Signature of other person		44. Signature of other person		45. Signature of other person	
46. Signature of other person		47. Signature of other person		48. Signature of other person	
49. Signature of other person		50. Signature of other person		51. Signature of other person	
52. Signature of other person		53. Signature of other person		54. Signature of other person	
55. Signature of other person		56. Signature of other person		57. Signature of other person	
58. Signature of other person		59. Signature of other person		60. Signature of other person	
61. Signature of other person		62. Signature of other person		63. Signature of other person	
64. Signature of other person		65. Signature of other person		66. Signature of other person	
67. Signature of other person		68. Signature of other person		69. Signature of other person	
70. Signature of other person		71. Signature of other person		72. Signature of other person	
73. Signature of other person		74. Signature of other person		75. Signature of other person	
76. Signature of other person		77. Signature of other person		78. Signature of other person	
79. Signature of other person		80. Signature of other person		81. Signature of other person	
82. Signature of other person		83. Signature of other person		84. Signature of other person	
85. Signature of other person		86. Signature of other person		87. Signature of other person	
88. Signature of other person		89. Signature of other person		90. Signature of other person	
91. Signature of other person		92. Signature of other person		93. Signature of other person	
94. Signature of other person		95. Signature of other person		96. Signature of other person	
97. Signature of other person		98. Signature of other person		99. Signature of other person	
100. Signature of other person		101. Signature of other person		102. Signature of other person	

400
52 6444BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6444
Registered No.

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) EDWARD J. SCULLEY <i>Scully</i>		2. DATE OF DEATH July 10, 1952
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
C. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 62 Market Place
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED OPERATOR - BREWERY		11. BIRTHPLACE (State or foreign country) BALTIMORE Md
13. FATHER'S NAME ?		12. CITIZEN OF WHAT COUNTRY?
14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO	16. SOCIAL SECURITY NO. 219-019476	17. INFORMANT MRS. CATHERINE Weller 1630 Hollins St

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO INTERVAL BETWEEN ONSET AND DEATH	CAUSE OF DEATH (A) Arteriosclerotic cardiovascular disease DUE TO (B) DUE TO (C)
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE
Stanley H. Dunleavy M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
July 11, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL

24B. DATE
7-12-52

24C. NAME OF CEMETERY OR CREMATORY
BALTIMORE Cemetery

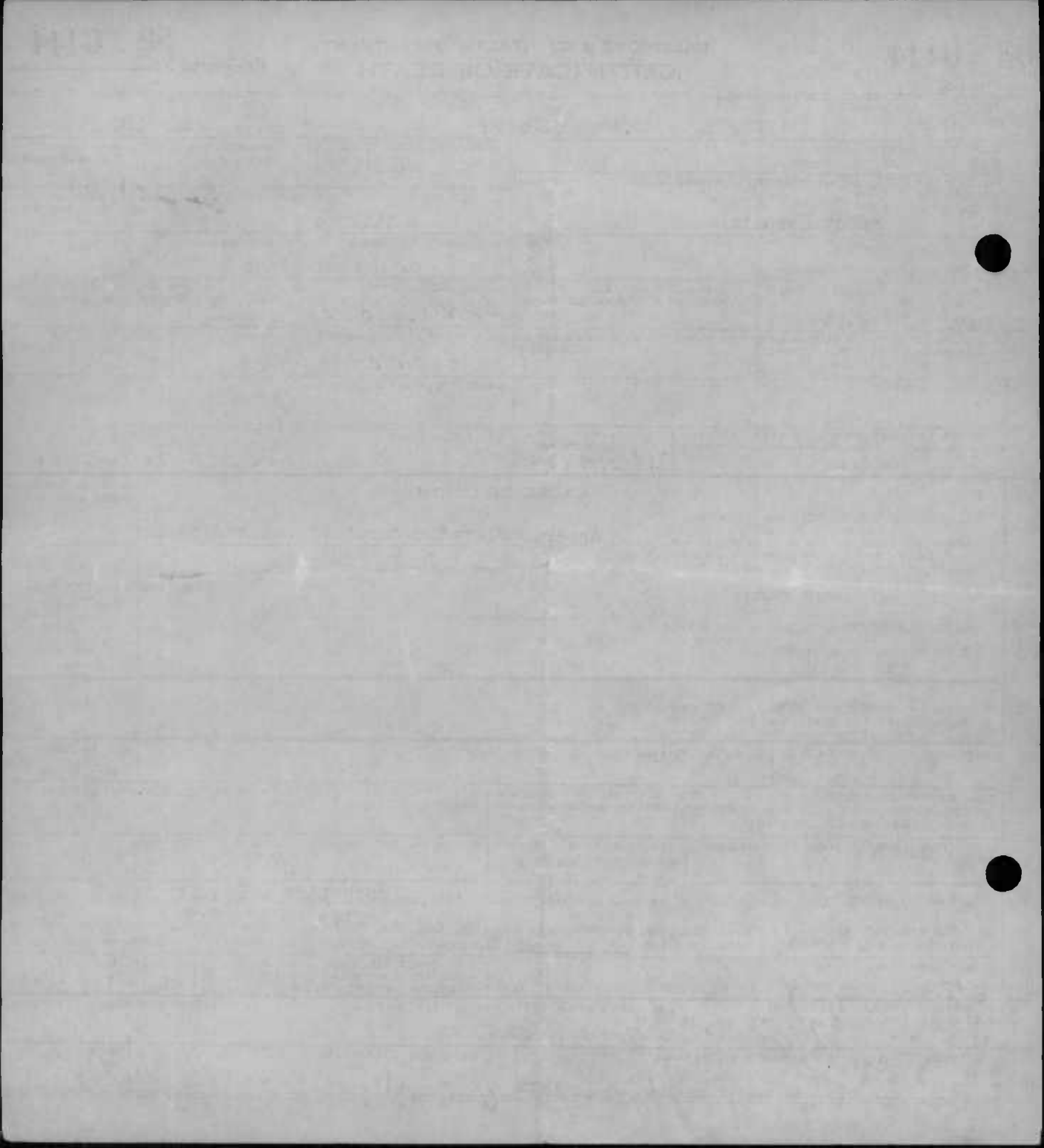
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR
JUL 11 1952

REGISTRAR'S SIGNATURE
Huntington Williams

25. FUNERAL DIRECTOR
Thos. J. Stepany Inc 1600 Hollins St

ADDRESS



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6445**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Rose Nell Haight			2. DATE OF DEATH July 10, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 729 W. Fayette St.			C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Baltimore		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 729 W. Fayette St.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Dec. 23, 1888		9. AGE (In years last birthday) 62
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore
13. FATHER'S NAME James H. Lewis			14. MOTHER'S MAIDEN NAME Alice C. Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. None		17. INFORMANT Mrs. Sevilla Myers
			ADDRESS 729 W. Fayette St.		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 36 hrs. 12 years
(A) DUE TO Hypertensive cardiovascular disease		
(B) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan. 1940 to July 10, 1952 , that I last saw the deceased alive on July 10, 1952 and that death occurred at 5:28 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Louis E. Wise		23B. ADDRESS 920 St. Paul		23C. DATE SIGNED July 11, 52	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE July 12, 1952		24C. NAME OF CEMETERY OR CREMATORY Meadow Ridge, Ellicott City, Md.	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR Huntington Williams, M.D.		ADDRESS 1913 W. Baltimore St.	

Inc. 0337
920 St Paul St
De Wice

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 6446
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Ann Cecilia Simonsen		2. DATE OF DEATH July 10, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 2011 E. North Avenue	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 7, 1891
9. AGE (In years last birthday) 61		10. UNDER 1 Year Months: Days	11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Charles R. Smith (D)		14. MOTHER'S MAIDEN NAME Mary Mohr	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Records: B. C. H.		ADDRESS 4940 Eastern Avenue	

18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Portal Cirrhosis, ascites		INTERVAL BETWEEN ONSET AND DEATH several yrs.
DUE TO Jaundice purpura, lungs		2 weeks
DUE TO Retroperitoneal tissues		2 weeks
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 7-10-52		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., home, farm, factory, street, office bldg., etc.) 4940 Eastern Avenue	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) INJURY 7-10-52 11:05 A.M.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 7-5-52 , to 7-10-52 , that I last saw the deceased alive on 7-10-52 , and that death occurred at 11:05 A.M. , from the causes and on the date stated above.				
23A. SIGNATURE <i>C. D. O'Ryan</i>		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 7-10-52

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE July 14, 1952	24C. NAME OF CEMETERY OR CREMATORY Meadow Ridge	24D. LOCATION (City, town, or county) (State) 1913 W. Baltimore
DATE RECEIVED BY LOCAL REGISTRAR JUL 11 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Frank J. Cole</i>	ADDRESS 1913 W. Baltimore

WATLEY
COOPER'S
BOND
NO 775

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 6447

BIRTH NO. 436

1. NAME OF DECEASED (Type or Print) ILLA Maie SLATER or Slator		2. DATE OF DEATH July 10, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 703 N. Calvert Street	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 21, 1915
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (in years last birthday) 36	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) North Carolina	
13. FATHER'S NAME G. G. Hall		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME Susan Brown	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Hall & Wynne & Co. Durham, N. C.	

18. <u>581.0</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) <u>Fatty liver</u> DUE TO (B) _____ DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE <i>Stanley A. Durlacher</i> M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED July 10, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE 7/11/52	24C. NAME OF CEMETERY OR CREMATORY **	24D. LOCATION (City, town, or county) (State) Durham, N. C.

DATE RECEIVED BY LOCAL REGISTRAR JUL 11 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Wm. J. Pickover & Sons</i>	ADDRESS Beato 17, Md.
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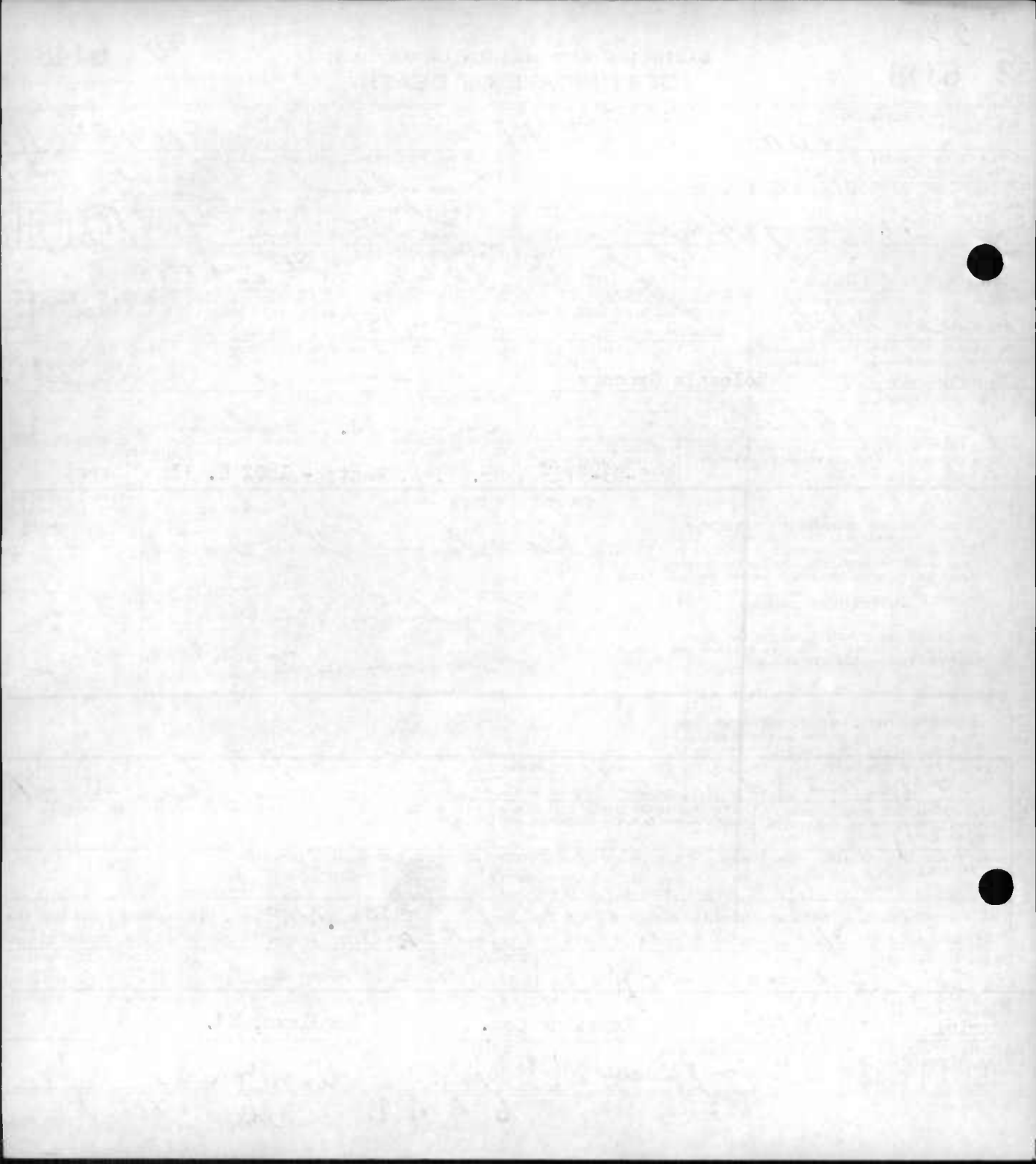
NAME: [illegible]

DATE: [illegible]

Handwritten notes at the bottom of the page, including the name "John F. [illegible]" and the date "April 17, 1944".

532
52 6448BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6448
Registered No.

1. NAME OF DECEASED (Type or Print) JOHN M. WENTZ (McFarland)		2. DATE OF DEATH 7/10/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Balto.	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mary Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 9-06	
C. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1802 E. 31st St. #18	
5. SEX male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Nov. 6, 1885
9. AGE (in years last birthday) 66		10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper		10B. KIND OF BUSINESS OR INDUSTRY Wholesale Grocers	
13. FATHER'S NAME John M. Wentz		14. MOTHER'S MAIDEN NAME Annie J. Anderson	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Unknown		16. SOCIAL SECURITY NO. 212-03-9723	
17. INFORMANT Mr. A. A. Wentz - 1802 E. 31st Street		ADDRESS	
18. 541.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH Public (A) Quodernal Muc-Strut 3 weeks DUE TO	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Cardiac Failure 3 days DUE TO (C) Pneumonitis 3 days	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 7/1/52		19B. MAJOR FINDINGS OF OPERATION Public of Strut	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Subtotal Gastrostomy - Quodernal Muc	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 6/27 , 19 52 to 7/10 , 19 52 that I last saw the deceased alive on 7/10 , 19 52 and that death occurred at 10:50 p.m., from the causes and on the date stated above.			
23A. SIGNATURE W. B. Rence Jr. M. D.		23B. ADDRESS Mary Hospital	
23C. DATE SIGNED 7/10/52			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/14/52	
24C. NAME OF CEMETERY OR CREMATORY Lorraine Cem.		24D. LOCATION (City, town, or county) (State) Woodlawn, Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUL 11 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Wm. J. Lickner & Sons		ADDRESS	



535
62 6449

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6449

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Elizabeth</i> MRS. ANNIE K LONDON		2. DATE OF DEATH <i>July 9, 1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY			
B. FULL NAME OF (If not in hospital or institution, give street address or location) MARYLAND GENERAL HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 23 16-06			
c. Length of stay in Baltimore 70		D. STREET ADDRESS (If rural, give location) 3012 EDMONDSON AVE			
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH JAN 8 1852	9. AGE (In years last birthday) 100y	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.		10B. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (State or foreign country) FAIRMONT MD	
12. CITIZEN OF WHAT COUNTRY? U.S.		13. FATHER'S NAME CHARLES AUGUSTUS FONTAINE		14. MOTHER'S MAIDEN NAME SUSAN UPSHUR <i>Annice Fontaine</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO. PT.		17. INFORMANT ADDRESS	

18. E 903.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypostatic pneumonia + DUE TO Cardiac failure Fractured Left Leg	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH 3 days W. 4 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION June 27, 1952	19B. MAJOR FINDINGS OF OPERATION FRACTURED RIGHT FEMUR	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) ACCIDENT	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 3012 EDMONDSON	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) FRONT HALL
21D. TIME (Month) (Day) (Year) (Hour) INJURY June 25 '52 9:00 P. m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Fell to floor Pt slipped WHILE WALKING

22. I hereby certify that I attended the deceased from 1 July, 1952, to 9 July, 1952, that I last saw the deceased alive on 9 July, 1952, and that death occurred at 9:30 A. m., from the causes and on the date stated above.

23A. SIGNATURE
John A. Withner
M. D.

23B. ADDRESS
2nd. Gen. Hosp.

23C. DATE SIGNED
July 9 1952

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7/12/52	24C. NAME OF CEMETERY OR CREMATORY Landon Park Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
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DATE RECEIVED BY LOCAL REGISTRAR JUL 11 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>Wm. J. Dickner & Sons, Balto., Md.</i>	ADDRESS
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CERTIFICATE OF DEATH

ALICE M. JONES, nee SMITH, of the County of ... State of ...

did depart this life on the ... day of ... 19...

at the age of ... years, ...

caused by ...

at ...

Witness my hand and seal of office on the ... day of ... 19...

Attest: ...

... Registrar of Deaths

...

...

...

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6450**

BIRTH NO. **52 6450**

1. NAME OF DECEASED (Type or Print) ALICE BREWER		2. DATE OF DEATH July 9, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 19-02	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Franklin Square Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 29 N. Bruce Street	
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Feb. 1877
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (in years last birthday) 75
13. FATHER'S NAME Jim Benson		11. BIRTHPLACE (State or foreign country) Laurel Md.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Mamtha	
17. INFORMANT Jettorphine Walter		ADDRESS 525 N. Gil. St.	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) _____ (C) _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE <i>Franklin S. Dunsicker</i> M.D.		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED July 10, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 7/21/52	24C. NAME OF CEMETERY OR CREMATORY St. V. Anthony Cem. Balto.	24D. LOCATION (City, town, or county) (State) Md.
DATE RECEIVED BY LOCAL REGISTRAR 302-11852	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Mr. Katze B. Williams</i> ADDRESS 322 N. Schroeder St.	



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6451**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LUCILLE HENSON
UNIVERSITY HOSPITAL

2. DATE
OF
DEATH

July 10, 1957

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

UNIVERSITY of Maryland Hosp.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE **MARYLAND** B. COUNTY **BALTO**

C. CITY OR TOWN (If outside corporate limits, write U.F.A. and give township)

BALTIMORE **16-05**

D. STREET ADDRESS (If rural, give location)

2403 W. LAFAYETTE

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE MARRIED.

WIDOWED DIVORCED (Specify)

8. DATE OF BIRTH

1924

9. AGE (In years
last birthday)

28

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housework

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

JAMES BROWN

14. MOTHER'S MAIDEN NAME

Melville WASHINGTON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT
ADDRESS
Marietta 2403 W Lafayette Ave

18. **624X and E 954.7**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) **RESPIRATORY ARREST**

4 1/2 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) **ANESTHESIA with
Pentothal + CURARE.**

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

7-9-57

19B. MAJOR FINDINGS OF OPERATION

TUBEROVARIAN ABSSESSES Bilateral

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from **July 9, 1957** to **July 10, 1957** that I last saw the
deceased alive on **July 10, 1957**, and that death occurred at **3:25 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

Ben C. Edelstein

23B. ADDRESS

University Hospital

23C. DATE SIGNED

7-10-57

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7/14/1957

24C. NAME OF CEMETERY OR CREMATORY

Balto National

24D. LOCATION (City, town, or county) (State)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

JUL 11 1957

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mrs Kate R. Williams

ADDRESS

**322 N
Schmiedel St**

VS 150

N-999-129520006440

MEDICAL CERTIFICATION

152
2 6452

CERTIFICATE CORRECTED 8/12/52 ES
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6452
Registered No.

1. NAME OF DECEASED (Type or Print) HATTIE ROBINSON			2. DATE OF DEATH July 9, 1952		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
b. FULL NAME OF (If not in hospital or institution, give street address or location) Franklin Square Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) 1012 Vine Street		
5. SEX female	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH April 14, 1921	9. AGE (In years last birthday) 31	If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) D.C. Co. Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Alex Robinson			14. MOTHER'S MAIDEN NAME Bertie Thomson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Irene Riley 2520 David Hill Ave.		

18. 171X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Pulmonary tuberculosis DUE TO Squamous cell carcinoma of cervix (B) DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH (over)
	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **inspection & inquiry** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE Stanley H. Dunbar M.D.		23b. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input checked="" type="checkbox"/>		23c. DATE SIGNED July 10, 1952	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7/13/1952	24c. NAME OF CEMETERY OR CREMATORY Arnold Mt.	24d. LOCATION (City, town, or county) (State) Arnold Md.		
DATE RECEIVED BY LOCAL REGISTRAR JUL 11 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS 322 N. Schuman St.	

See Document File for letter from
Dr. Stanley H. Durlacher,
Asst Medical Examiner

650

52 6453
BIRTH NO. 51-26664BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6453

1. NAME OF DECEASED (Type or Print) Betty Jane Parran		2. DATE OF DEATH July 10, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland 4211 48		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Ind. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write full name and give township) Baltimore - 1502	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 2006 Presstman St	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) -	8. DATE OF BIRTH 11-9-51
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY -	9. AGE (In years last birthday) 8
13. FATHER'S NAME Quentin Parran		14. MOTHER'S MAIDEN NAME Ethel P	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	

18. 754.4 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) myocardial disease Myocarditis of unknown origin - ? congenital heart disease	CAUSE OF DEATH as Myocarditis of unknown origin - ? congenital heart disease	INTERVAL BETWEEN ONSET AND DEATH About 7 months
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(A) DUE TO	
	(B) DUE TO	
	(C) DUE TO	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Marfan's Syndrome		

19A. DATE OF OPERATION 7-13-52	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 28, 1951** to **July 10, 1952** that I last saw the deceased alive on **July 10, 1952** and that death occurred at **12:45** m., from the causes and on the date stated above.

23A. SIGNATURE A. Parran	23B. ADDRESS JOHNS HOPKINS HOSPITAL	23C. DATE SIGNED 7/10/52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7-13-52	24C. NAME OF CEMETERY OR CREMATORY mt Olive	24D. LOCATION (City, town, or county) (State) Calvert Md
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DATE RECEIVED BY LOCAL REGISTRAR JUL 11 1952	REGISTRAR'S SIGNATURE Huntington Williams	25. FUNERAL DIRECTOR P. Z. Jewell	ADDRESS Prince Frederick
---	--	--	---------------------------------

CERTIFICATE OF DEATH

[Faint, mostly illegible handwritten text follows, likely containing details of a death certificate such as name, date, and cause of death.]

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 6454
Registered No.

1. NAME OF DECEASED (Type or Print) ALFRED DIGGS		2. DATE OF DEATH July 9, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write it in full, and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 794 W. Mulberry Street		E. LENGTH OF stay in Baltimore Yrs. _____ Mos. _____ Days _____	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 2/26/39
9. AGE (In years last birthday) 13		10. UNDER 1 Year Months: _____ Days: _____	11. UNDER 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME William Schaffer		14. MOTHER'S MAIDEN NAME Beatrice Diggs	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Johns Hopkins Hospital		ADDRESS	

18. E914.3 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Second and third degree burns (A) _____ DUE TO _____ ANTECEDENT CAUSES (B) _____ DUE TO _____ (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
--	--

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Pennsylvania Railroad		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Bentalou Street and Edmondson Avenue	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY June 22, 1952		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Contacted overhead wire	

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE <i>B. Fisher</i>		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED July 11, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/12/52		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem.	
24D. LOCATION (City, town, or county) Baltimore, Md.					

DATE RECEIVED BY LOCAL REGISTRAR July 11 1952		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR Mrs. Katie R. Williams-322 N. Schroeder	
VS 151		N 992X		6 A 5 <i>Mrs. K. R. Williams</i>	

MEDICAL CERTIFICATION

CERTIFICATE CORRECTED 7-15-52
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **52 6455**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) HERBERT EDGAR BARBEE		2. DATE OF DEATH July 8, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) South Baltimore General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 2 E. Henrietta Street		E. LENGTH OF STAY IN BALTIMORE 10 yrs.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 1895
9. AGE (In years last birthday) 57		10. UNDER 1 Year: Months: Days; Under 24 Hours: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fireman		10B. KIND OF BUSINESS OR INDUSTRY Davison Chemical Co	
11. BIRTHPLACE (State or foreign country) West Virginia		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME S. Gray Barbree		14. MOTHER'S MAIDEN NAME Parkham	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes WW I		16. SOCIAL SECURITY NO.	
17. INFORMANT R. E. Barbree		ADDRESS New Martinsville W. Va.	

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO (A) _____ ANTECEDENT CAUSES (B) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (C) _____ II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE RS Fisher M.D.	23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED July 9, 1952
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7-13-52	24C. NAME OF CEMETERY OR CREMATORY Worham	24D. LOCATION (City, town, or county) (State) Worham N.C.
DATE RECEIVED BY LOCAL REGISTRAR July 11 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Wm. J. ...	ADDRESS 2523 Edmonco St. S.E.

6000

CERTIFICATE OF DEATH

1910

34 married

married

5081-7

34

34 married 5081-7 34

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 6456
Registered No. _____

460
52 6456
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Mrs. Mary Theodora Gernand Keller			2. DATE OF DEATH July 11, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 222 West Monument Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 222 West Monument Street		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 5, 1876		9. AGE (in years last birthday) 75 If Under 1 Year: Months 11 Days 6 If Under 24 Hours: Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Robert Henry Gernand			14. MOTHER'S MAIDEN NAME Elisabeth Soldan		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS Sr. Elisabeth Roberta - Ralston, N.J.		

18. 572.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Diverticulitis of rectosigmoid 1 yr. DUE TO to pelvic abscess. (B) _____ DUE TO _____ (C) _____		INTERVAL BETWEEN ONSET AND DEATH _____

19A. DATE OF OPERATION Sept 19 51		19B. MAJOR FINDINGS OF OPERATION abscess of pelvis		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Sept , 19 51 , to July , 19 52 that I last saw the deceased alive on July 10 , 19 52 and that death occurred at 11:15 A.m., from the causes and on the date stated above.					
23A. SIGNATURE John H. Young Jr.		23B. ADDRESS 11 E. Chase St.		23C. DATE SIGNED 7-11-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/12/52		24C. NAME OF CEMETERY OR CREMATORY Loudon Park	
				24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR Jul 11 1952		REGISTRAR'S SIGNATURE Huntington Williams		25. FUNERAL DIRECTOR ADDRESS W. Messers of Son - 805 N. Calvert St.	

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6457**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

VERNON L. YANCY

2. DATE
OF
DEATH

July 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Balto. City**

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE **Maryland** B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
1425 E. Lombard St

C. Length of stay in Baltimore **2 Yrs.**

Yrs.
Mos.
Days

5. SEX **male**

6. COLOR OR RACE **colored**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Sep.

8. DATE OF BIRTH

3/12/1920

9. AGE (In years last birthday) **32**

10 Under 1 Year Months Days

11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Skill Laborer

10B. KIND OF BUSINESS OR INDUSTRY

Government

11. BIRTHPLACE (State or foreign country)

Portsmouth Va.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Joseph Yancey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Yes War # 2

16. SOCIAL SECURITY NO.

17. INFORMANT **Portsmouth Va.** ADDRESS

Joseph Yancey 1432 King St

18. **E 929.8**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Asphyxia**
DUE TO **drowning**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
harbor

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Pier 4, Pratt Street

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
Found July 10, 1952

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Found drowned

22. I certify that I took charge of the remains described above, held an partial autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

July 10, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

7/14/1952

Lincoln Cem.

Portsmouth Va.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

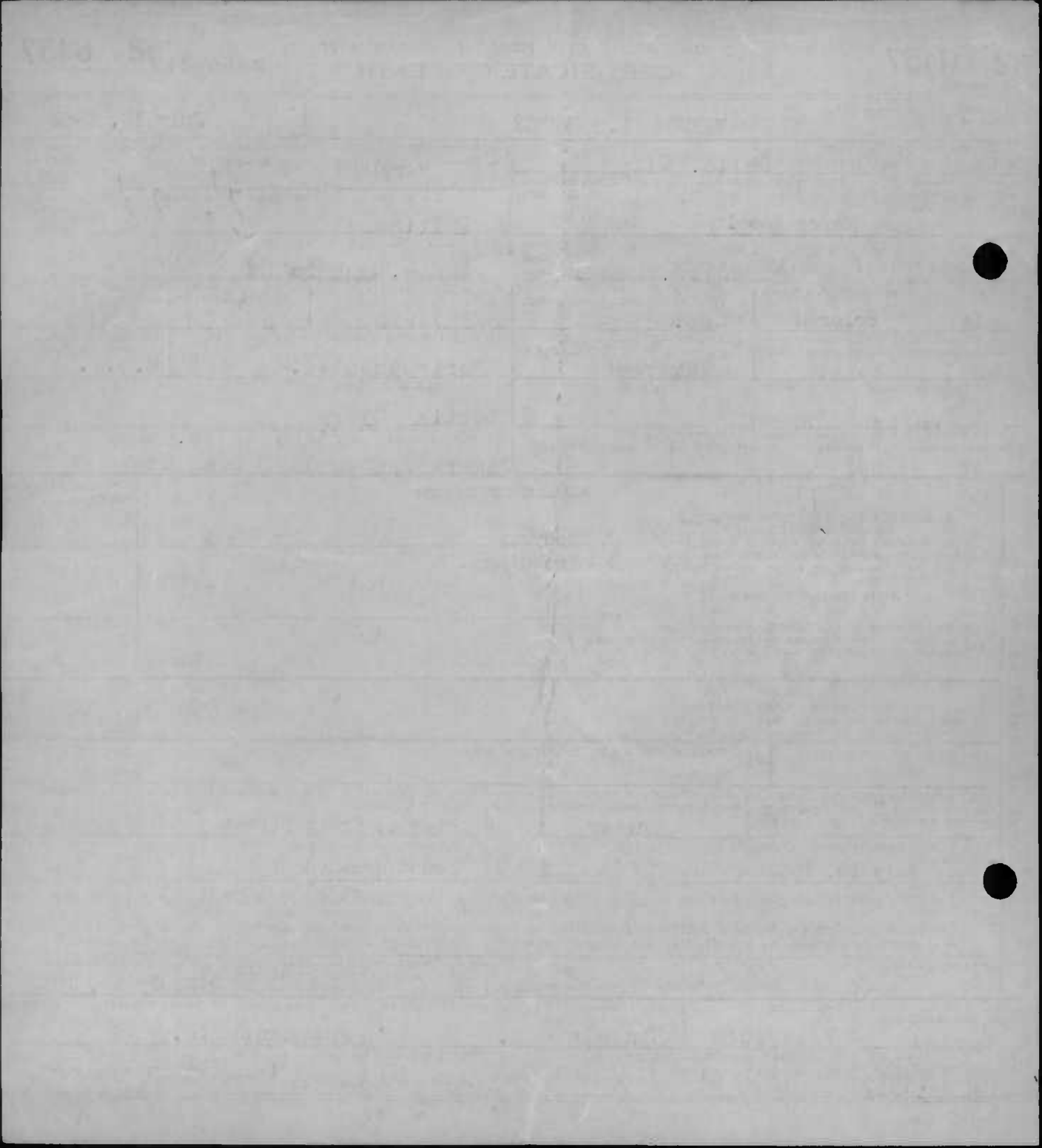
ADDRESS

VS 151

N 990X

97/91

MEDICAL CERTIFICATION



CERTIFICATE CORRECTED

9-3-52

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 52 6458

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Mr. John Crone		2. DATE OF DEATH 7-11-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Howard County	
5. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jessup Md. 6300	
6. LENGTH OF STAY IN BALTIMORE 2 mos. 23 das. 55 Years		D. STREET ADDRESS (If rural, give location) Jessup Md. Howard County	
7. SEX Male	8. COLOR OR RACE White	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single Married	10. DATE OF BIRTH 8-8-1907
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		12. AGE (in years last birthday) 55 44	
13. FATHER'S NAME Frederick Crone		14. BIRTHPLACE (State or foreign country) Maryland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. CITIZEN OF WHAT COUNTRY? U S A	
17. SOCIAL SECURITY NO.		18. MOTHER'S MAIDEN NAME Josephine Burke Bertling	
19. INFORMANT		ADDRESS.	

18. 193X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) BRAIN Tumor, malignant		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
(B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION June 20, 1952		19B. MAJOR FINDINGS OF OPERATION Brain Tumor, malig.		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 10 , 19 52 , to July 11 , 19 52 , that I last saw the deceased alive on July 11 , 19 52 , and that death occurred at 9:15 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE Frederick Crone M.D.		23B. ADDRESS H. Crone		23C. DATE SIGNED 7-11-52	

24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE July 14, 52		24C. NAME OF CEMETERY OR CREMATORY St. Lawrence		24D. LOCATION (City, town, or county) (State) Jessup Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUL 11 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Robert A. Williams		ADDRESS Laurel, Md.	

195200106185

MEDICAL CERTIFICATION

8540-52

RECEIVED

1950

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6459**

530
BIRTH NO. **52 6459**

1. NAME OF DECEASED (Type or Print) Martin V. Smith, Jr.			2. DATE OF DEATH July 10, '52		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 22-01		
B. FULL NAME OF HOSPITAL OR INSTITUTION 705 Light St.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 705 Light St.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 13, '78	9. AGE (In years last birthday) 73	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman		10B. KIND OF BUSINESS OR INDUSTRY Railroad	11. BIRTHPLACE (State or foreign country) Georgia		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Martin V. Smith			14. MOTHER'S MAIDEN NAME Lizzie Sands		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. 261-12-1256	17. INFORMANT ADDRESS Mittie O. Smith 705 Light St.		

18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral hemorrhage. DUE TO 6 days		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **7/3/52**, 19 **A.** to **7/10/**, 19**52**, that I last saw the deceased alive on **7/9/**, 19**52**, and that death occurred at **4.10 m.**, from the causes and on the date stated above.

23A. SIGNATURE *Harry Deisel* M. D. 23B. ADDRESS **1226 Hanover Street** 23C. DATE SIGNED **7/11/52.**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **7/12/52** 24C. NAME OF CEMETERY OR CREMATORY **Glen Haven** 24D. LOCATION (City, town, or county) (State) **Glen Burnie, Md.**

DATE RECEIVED BY LOCAL REGISTRAR **JUL 12 1952** REGISTRAR'S SIGNATURE *Huntington Williams, Jr.* 25. FUNERAL DIRECTOR ADDRESS **John F. Derby & Inc. 715 Light St.**

UNITED STATES OF AMERICA
DEPARTMENT OF AGRICULTURE
BUREAU OF PLANT INDUSTRY

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 52 6460

500
BIRTH NO. 6460

1. NAME OF DECEASED (Type or Print) <p align="center">GEORGE BERNARD GAMMIE</p>		2. DATE OF DEATH <p align="center">July 10, 1952</p>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <p align="center">3711 Clifton Ave.</p>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <p align="center">Baltimore</p>	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <p align="center">3711 Clifton Ave.</p>	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Aug. 4, 1872
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vice Pres. (rtd)		10B. KIND OF BUSINESS OR INDUSTRY Trust Co.	9. AGE (In years last birthday) 79
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME George Gammie		14. MOTHER'S MAIDEN NAME Ellen Nash	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		16. SOCIAL SECURITY NO. 213-10-3631	
17. INFORMANT Mrs. India Gammie - 3711 Clifton Ave.		ADDRESS	

18. 470.1 and 154X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) cardio vascular disease
DUE TO **Coronary Thrombosis**

INTERVAL BETWEEN ONSET AND DEATH

18 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) malignancy of the rectum
DUE TO

about 6 mo

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 24, 1952 to July 10, 1952 that I last saw the deceased alive on July 10, 1952, and that death occurred at 4 p.m., from the causes and on the date stated above.

23A. SIGNATURE <i>Robert D. [Signature]</i>	23B. ADDRESS M. O. 2220 Garrison Blvd.	23C. DATE SIGNED 7/11/52
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7/12/52	24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cem.	24D. LOCATION (City, town, or county) (State) Balto., Md.
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DATE RECEIVED BY LOCAL REGISTRAR JUL 12 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR <i>Wm. J. Tucker Sons - Balto Md</i>	ADDRESS
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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6461**

1. NAME OF DECEASED (Type or Print) Elizabeth Lauterbach		2. DATE OF DEATH 7/10/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 504 E. 34th St		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 9-03	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 504 E. 34th St.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 9/27/1866
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (In years last birthday) 85
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? ✓	
13. FATHER'S NAME Louis Weber		14. MOTHER'S MAIDEN NAME Maria Werner	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Mamie Meekins		ADDRESS 504 E. 34th St	

18. E902.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Bronchopneumonia		INTERVAL BETWEEN ONSET AND DEATH 4 Days
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATE THE UNDERLYING CONDITION Fracture of Right Hip		11 Weeks
(B) Arteriosclerosis Generalized		4 years
(C) (Contracted - especially)		

19A. DATE OF OPERATION May 1, 1952		19B. MAJOR FINDINGS OF OPERATION Interbronchovascular Fracture - Rnd Pneumonia		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Summer Home - Lenox Park, Md.		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) (Whitcomb Building) 5200 P.O.B. 485 - Route 1.
21D. TIME (Month) (Day) (Year) (Hour) June 26, 1952 - 4P. M.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Had been sitting in rocking chair - found on floor by daughter.

22. I hereby certify that I attended the deceased from **June 27, 1952** to **July 10, 1952**, that I last saw the deceased alive on **July 9, 1952**, and that death occurred at **2 A. M.**, from the causes and on the date stated above.

23A. SIGNATURE W. Isroff		23B. ADDRESS 214 Medical Arts Building		23C. DATE SIGNED July 11, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/12/52		24C. NAME OF CEMETERY OR CREMATORY Mt. Carmel
24D. LOCATION (City, town, or county) Balto. Md.				

DATE RECEIVED BY LOCAL REGISTRAR JUL 12 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. G. G. G. 1217 St. Paul St.
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1

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6462**

BIRTH NO.

1. NAME OF DECEASED (Type or Print) OLETA J. TAYLOR		2. DATE OF DEATH July 10, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution, residence before admission) A. STATE Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 324 E. 20th Street		E. LENGTH OF STAY IN BALTIMORE Yrs. _____ Mos. _____ Days _____	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 8/6/1917
9. AGE (In years last birthday) 34		10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 24 HOURS Hours _____ Min. _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. W.		10B. KIND OF BUSINESS OR INDUSTRY	
13. FATHER'S NAME Lloyd C. Beall		14. MOTHER'S MAIDEN NAME Blanche Beamer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Virginia Kemp		ADDRESS 2660 Presbury St.	

18. 490x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Lobar pneumonia (A) MD36X		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Purulent meningitis DUE TO (C)		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Fatty liver		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley A. Dunsicker M.D. 23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☒ MEDICAL INVESTIGATOR.....☐ 23C. DATE SIGNED **July 11, 1952**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24B. DATE **July 12, 1952** 24C. NAME OF CEMETERY OR CREMATORY **Weston, W.Va. cemetery** 24D. LOCATION (City, town, or county) (State) **Weston, W.Va.**

DATE RECEIVED BY LOCAL REGISTRAR **JUL 12 1952** REGISTRAR'S SIGNATURE Huntington Williams, M.D. 25. FUNERAL DIRECTOR Wm. Cook Inc. ADDRESS **1217 St. Paul St.**

546 80

THE UNITED STATES OF AMERICA
DEPARTMENT OF THE INTERIOR

Section

YOU

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

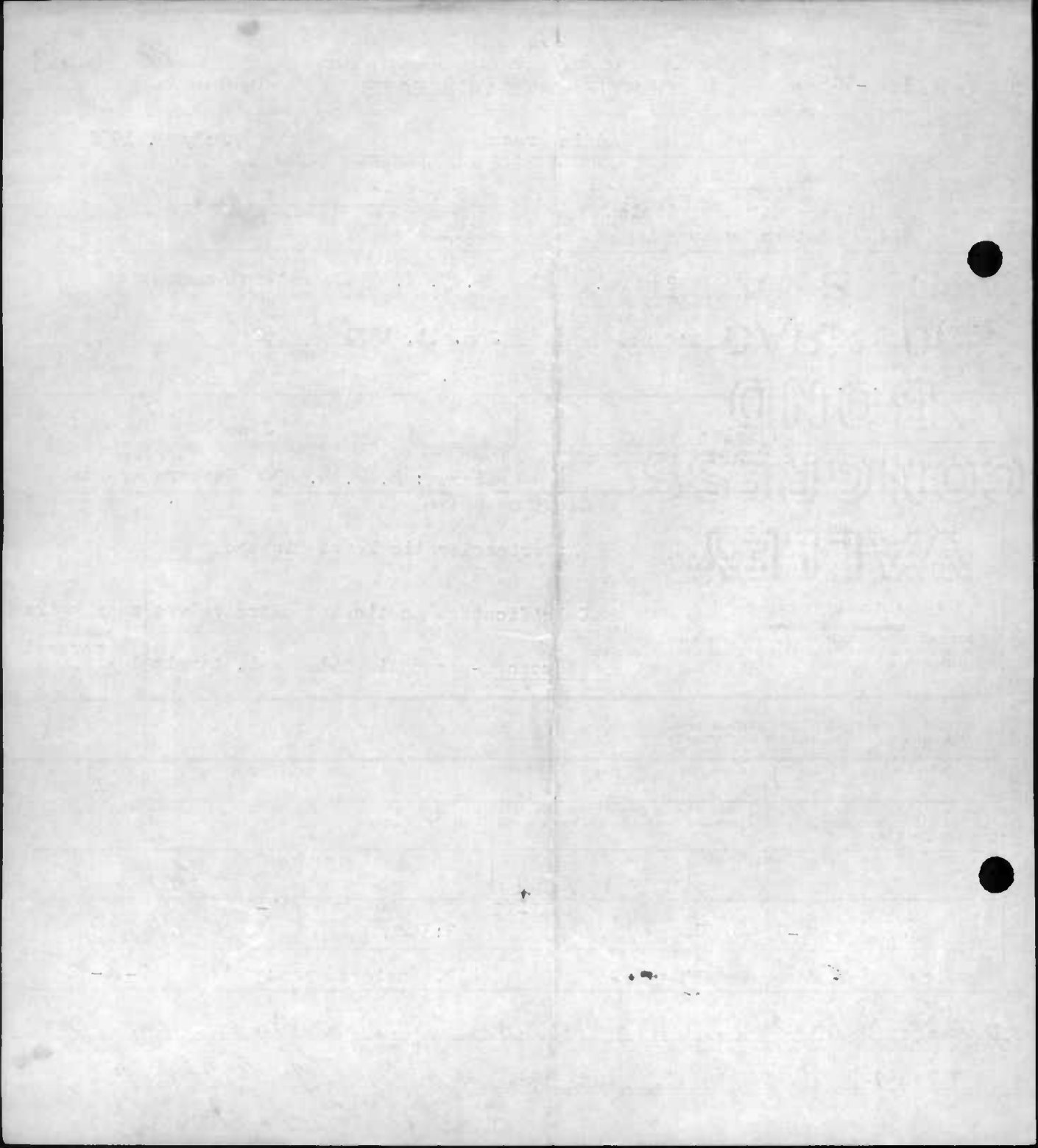
52 6463

Registered No. _____

2 6463A -90644

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Addie Green		July 9, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY _____	
5. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
7. Length of stay in Baltimore 28 yrs.		8. STREET ADDRESS (If rural, give location) B. C. H. 4940 Eastern Avenue	
9. SEX Female	10. COLOR OR RACE Negro	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	12. AGE (In years last birthday) 82
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. W.		14. KIND OF BUSINESS OR INDUSTRY	
15. FATHER'S NAME J. Nales		16. MOTHER'S MAIDEN NAME Jane J	
17. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		18. SOCIAL SECURITY NO.	
19. INFORMANT		ADDRESS Records: B. C. H. 4940 Eastern Avenue	
19. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		CAUSE OF DEATH (A) Arteriosclerotic Heart Disease DUE TO (B) Calcification Aortic and mitral valves many years DUE TO (C) Broncho-pneumonia bilateral, terminal several days	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
21. DATE OF OPERATION		22. MAJOR FINDINGS OF OPERATION	
23. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
24. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		25. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
27. TIME (Month) (Day) (Year) (Hour) OF INJURY		28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
29. HOW DID INJURY OCCUR?			
30. I hereby certify that I attended the deceased from 11-13, 1952, to 7-9, 1952, that I last saw the deceased alive on 7-9, 1952, and that death occurred at 3:35 p. m., from the causes and on the date stated above.			
31. SIGNATURE J. S. Clayton		32. ADDRESS 4940 Eastern Avenue	
33. DATE 7-12-52		34. NAME OF CEMETERY OR CREMATORY Mt Auburn Cem	
35. LOCATION (City, town, or county) Baltimore		36. STATE Md	
37. DATE RECEIVED BY LOCAL REGISTRAR JUL 12 1952		38. REGISTRAR'S SIGNATURE Huntington Williams	
39. FUNERAL DIRECTOR Charles G. Cooper		40. ADDRESS 512 N. Carrollton St	

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6464**

610
2 **6464**
BIRTH NO. **52-14807**

1. NAME OF DECEASED (Type or Print) BABY RICHARD JAMES MURPHY			2. DATE OF DEATH July 14, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland Mercy Hospital			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 6-04		
B. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSPITAL			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 224 N. Washington St.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 29, 1952		9. AGE (In years last birthday) 12
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			11. BIRTHPLACE (State or foreign country) Baltimore, Maryland		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Fred G. Murphy			14. MOTHER'S MAIDEN NAME Evelyn Broccoli		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS Fred G. Murphy 224 N. Washington St.		

18. 7767 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Prematurity		INTERVAL BETWEEN ONSET AND DEATH
(A) DUE TO		
(B) DUE TO		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 6-29 , 19 52 , to 7-11 , 19 52 , that I last saw the deceased alive on 7-11 , 19 52 , and that death occurred at 7:48 a. m., from the causes and on the date stated above.					

23A. SIGNATURE Martina Triona-Certiga M. O.		23B. ADDRESS Mercy Hospital		23C. DATE SIGNED July 11/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE June 12 1952		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	
24D. LOCATION (City, town, or county) (State) 4430 Belair Rd. Bal. Md.		25. FUNERAL DIRECTOR Gravil Della Koe		ADDRESS 322 S. High St.	
DATE RECEIVED BY LOCAL REGISTRAR JUL 12 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.			

MEDICAL CERTIFICATION

1078 32

Blom, J. van der

W. J. van der
Blom, J. van der
Blom, J. van der

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Blom, J. van der
Blom, J. van der

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Boy Mc MAHAN

2. DATE
OF
DEATH

7-10-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland Sinai Hosp.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE before admission)

MD.

B. COUNTY Balto

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Essex

D. STREET ADDRESS (If rural, give location)

1635 Hartford Rd

c. Length of stay in Baltimore

65 min.

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

7-10-52

9. AGE (in years
last birthday)

NEW BORN

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

1

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Parents

ADDRESS

1635 Hartford Rd

18. 761.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Anemia - prem. Sep. of placenta

1 1/2 hr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORKNOT WHILE
AT WORK22. I hereby certify that I attended the deceased from 7-10-52 19, to 7-10-52, 19, that I last saw the
deceased alive on 7-10-52, 19, and that death occurred at 3:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Margaret Leptunick

M. D.

23B. ADDRESS

Sinai Hosp.

23C. DATE SIGNED

7-12-52

24A. BURIAL/CREMA-
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 12 1952

Huntington Williams, M.D.

John G. Connolly

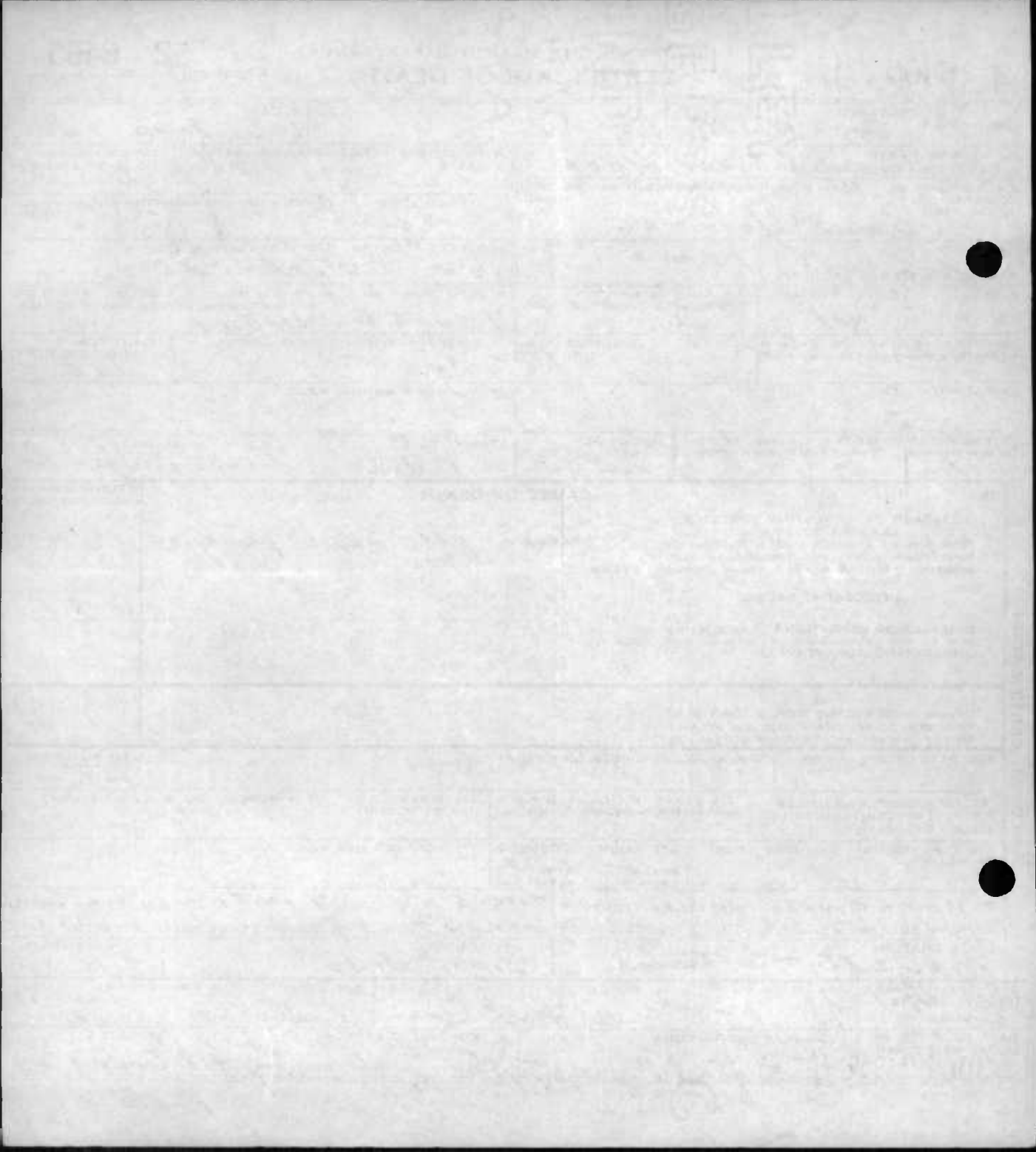
418 Eastern Ave

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MEDICAL CERTIFICATION



513
52 6466BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATHHave Med. Examiner count
sign this certificate
Registered No. 6466

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) <i>Ida E. Sempf</i>	
2. DATE OF DEATH <i>7/11/1952</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) <i>523 E. 27th St.</i>	
C. Length of stay in Baltimore	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>10/15/1899</i>
9. AGE (In years last birthday) <i>52</i>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>	10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>
11. BIRTHPLACE (State or foreign country) <i>Staunton Va</i>	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)	16. SOCIAL SECURITY NO.
17. INFORMANT <i>Harmon P. Sempf</i>	ADDRESS <i>523 E. 27th St</i>
18. CAUSE OF DEATH I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>malnutrition</i> DUE TO <i>alcoholism</i> DUE TO <i>cardiac weakness</i> DUE TO <i>cardiac weakness</i> II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
INTERVAL BETWEEN ONSET AND DEATH <i>4 weeks</i> <i>1 year</i> <i>1 month</i>	
19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <i>May 1</i> , 19 <i>52</i> to <i>July 11</i> , 19 <i>52</i> that I last saw the deceased alive on <i>July 10</i> , 19 <i>52</i> and that death occurred at <i>1:00 p.m.</i> , from the causes and on the date stated above.	
23A. SIGNATURE <i>E. Elbert</i>	23B. ADDRESS <i>2431 Maryland Ave.</i>
23C. DATE SIGNED <i>7-12-52</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>7/14/52</i>
24C. NAME OF CEMETERY OR CREMATORY <i>Landon Park</i>	24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 12 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>
25. FUNERAL DIRECTOR <i>4th St. Paul St.</i>	ADDRESS

DEPARTMENT OF THE ARMY
OFFICE OF THE ADJUTANT GENERAL
WASHINGTON, D. C. 20315

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**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **52 6467**

120
52 6467

1. NAME OF DECEASED (Type or Print) KLEANthes A PAPPAS			2. DATE OF DEATH July 10, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) 5517 Edna Avenue			C. CITY OR TOWN (If outside corporate limits, write name of township) Baltimore		
D. LENGTH OF stay in Baltimore			E. STREET ADDRESS (If rural, give location) 5517 Edna Avenue		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 63		9. AGE (In years last birthday) 63
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager		10B. KIND OF BUSINESS OR INDUSTRY Bowling Alleys	11. BIRTHPLACE (State or foreign country) Istanbul Turkey		12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Athanasios			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Son 5517 Edna Ave		

18. 527.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	CAUSE OF DEATH (A) Pulmonary emphysema and fibrosis (B) Cor pulmonale (C)		INTERVAL BETWEEN ONSET AND DEATH
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: ☒ natural causes, ☐ accident, ☐ suicide, ☐ homicide, ☐ undetermined.

23A. SIGNATURE <i>Stanley J. Dineen</i> M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED July 11, 1952
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7-14-52	24C. NAME OF CEMETERY OR CREMATORY Greek Cemetery	24D. LOCATION (City, town, or county) (State) Windsor Mill Rd.
DATE RECEIVED BY LOCAL REGISTRAR JUL 12 1952	REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	25. FUNERAL DIRECTOR ADDRESS LAMBRAS funeral Home Inc 440 E. North Ave	

MEDICAL CERTIFICATION

12 MAY 1967

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OFFICE OF THE
DIRECTOR OF THE
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455
52 6468BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6468

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Rev. Dennis M. Coleman</i>			2. DATE OF DEATH <i>July 10, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1740 E. Preston St.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
C. Length of stay in Baltimore <i>52 yrs</i>			D. STREET ADDRESS (If rural, give location) <i>1740 E. Preston St.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Feb. 10, 1874</i>	9. AGE (in years last birthday) <i>78</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Minister</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Church</i>		11. BIRTHPLACE (State or foreign country) <i>Wash. D. C.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		13. FATHER'S NAME <i>James Coleman</i>		14. MOTHER'S MAIDEN NAME <i>Betty Coleman</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S NAME AND ADDRESS <i>Mary E. Coleman 1740 E. Preston St.</i>	

18. <i>331X</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	(A) <i>Cerebral Apoplexy</i>	<i>7-7-52</i>
ANTECEDENT CAUSES	(B) <i>Hypertension</i>	<i>6-7-52</i>
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *6-7-1952* to *7-16-1952*, that I last saw the deceased alive on *7-10-1952*, and that death occurred at *7:40* m., from the causes and on the date stated above.

23A. SIGNATURE *[Signature]* 23B. ADDRESS *1723 Druid Ave* 23C. DATE SIGNED *7-11-52*

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <i>July 14, 1952</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Woodlawn</i>	24D. LOCATION (City, town, or county) (State) <i>Wash. D. C.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 13 1952</i>	REGISTRAR'S SIGNATURE <i>Huntington Willigues, M.D.</i>	25. FUNERAL DIRECTOR'S NAME AND ADDRESS <i>Walter J. [unclear] 1601 Druid Hill Ave</i>	

VS 150

1 5 2 0 3 6 4 0 5

362

52 6469

BIRTH NO.

52 6469

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

812

6469

Registered No.

1. NAME OF DECEASED
(Type or Print)

Louisa H. Staters

2. DATE OF DEATH

July 10, 1952

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

0020 Madison Ave.

C. Length of stay in Baltimore

Yrs. Mos. Days

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 14-03

D. STREET ADDRESS (If rural, give location)

0020 Madison Ave.

5. SEX

Female Colored

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

Oct. 27, 1913

9. AGE (In years last birthday)

38

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Secretary

10B. KIND OF BUSINESS OR INDUSTRY

Pub.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13. FATHER'S NAME

James Pinw

14. MOTHER'S MAIDEN NAME

Silvestia King

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

Informant: Mrs. Silvestia King

Address: 0020 Madison Ave.

18. 002X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary Tuberculosis

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

4 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Antecedent Causes

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Envolutional Melancholia

6 mos.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES

NO

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/3, 1952, to 7/10, 1952, that I last saw the deceased alive on 7/10, 1952, and that death occurred at 5:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Marion W. Moore Sr.

23B. ADDRESS

1371 N. Carey Street

23C. DATE SIGNED

7/11/52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

July 14, 1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Nat'l

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

JUL 13 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wallace Funeral Home

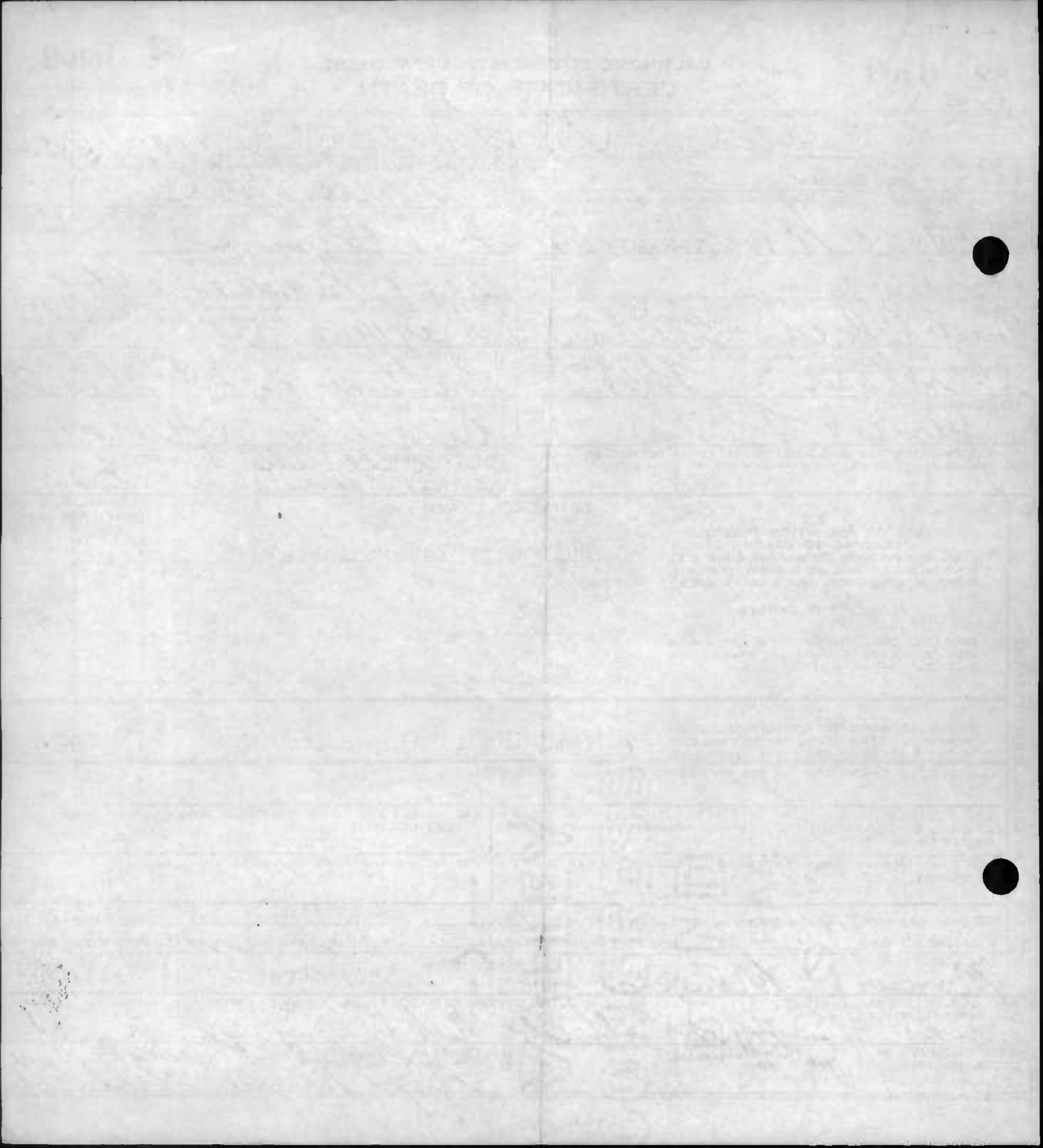
Address

1631 Druid Hill Ave.

VS 150

350996 4 6 6

MEDICAL CERTIFICATION



300

52 6470

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6470

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rena Foote

2. DATE
OF
DEATH

July 11-52

3. PLACE OF DEATH

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2458 Brentwood Ave

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
A. STATE B. COUNTY

2458 Brentwood Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 12-03

D. STREET ADDRESS (If rural, give location)

2458 Brentwood Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

May 10, 1891

9. AGE (In years
last birthday)

61

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

U. S. A

13. FATHER'S NAME

John Bunting

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 2458
Brentwood Av.

Mrs Floria Turlington

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Carcinoma of Bladder

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

April 1952

1952

Said to be bladder. goans Hepatitis

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from July 10, 1952, to July 11, 1952, that I last saw the
deceased alive on July 10, 1952, and that death occurred at 3:20 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

H. P. Johnson M. D.

403 Med Arts Bldg

7-11-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

7-14-52

Clinton, North Carolina

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS 578w

JUL 13 1952

Huntington Williams, M.D.

Mortuaries of Wesley Biddle #

VS 150

1952

MEDICAL CERTIFICATION

1947 23

WATER RESOURCES DIVISION
U.S. DEPARTMENT OF AGRICULTURE

1947 23

WATER RESOURCES DIVISION
U.S. DEPARTMENT OF AGRICULTURE

WATER RESOURCES DIVISION
U.S. DEPARTMENT OF AGRICULTURE

WATER RESOURCES DIVISION
U.S. DEPARTMENT OF AGRICULTURE

WATER RESOURCES DIVISION
U.S. DEPARTMENT OF AGRICULTURE

WATER RESOURCES DIVISION
U.S. DEPARTMENT OF AGRICULTURE

WATER RESOURCES DIVISION
U.S. DEPARTMENT OF AGRICULTURE

1.60

52 6471

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6471

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Ruperto Rivera			2. DATE OF DEATH Jul 12, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE New York B. COUNTY V-29		
B. FULL NAME OF HOSPITAL OR INSTITUTION US Public Health Service Hospital, Baltimore, Md.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Brooklyn		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) 197 Kane Street		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Apr. 13 1894	9. AGE (in years last birthday) 58	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Seaman		10B. KIND OF BUSINESS OR INDUSTRY Seafaring	11. BIRTHPLACE (State or foreign country) Puerto Rico		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Carmine Aldorondo		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. unknown	17. INFORMANT ADDRESS Record, US PHS Hospital, Baltimore, Md.		

18. 148X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of pharynx 1 yr.		CAUSE OF DEATH (A) Carcinoma of pharynx 1 yr. DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) DUE TO	

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **May 9, 1952** to **Jul 12, 1952**, that I last saw the deceased alive on **Jul 12, 1952**, and that death occurred at **7:30 a. m.**, from the causes and on the date stated above.

23A. SIGNATURE Norman Tarr, M.D.	23B. ADDRESS Brooklyn, N. Y.	23C. DATE SIGNED 7/12/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7-14-52	24C. NAME OF CEMETERY OR CREMATORY Evergreen
24D. LOCATION (City, town, or county) (State) Brooklyn, N. Y.	25. FUNERAL DIRECTOR Huntington Williams, Mr. Jack Lewis	26. ADDRESS 2100 Outlaw Rd
DATE RECEIVED BY LOCAL REGISTRAR JUL 13 1952		

MEDICAL CERTIFICATION

165
52 6472BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6472

1. NAME OF DECEASED (Type or Print) MEDEL EPHRAIM			2. DATE OF DEATH July 12, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland <input checked="" type="checkbox"/>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Sinai Hosp. Inc. of Baltimore			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 13-02		
D. STREET ADDRESS (If rural, give location) 2102 Callow Ave			5. SEX Male		
6. COLOR OR RACE White			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		
8. DATE OF BIRTH 4/30/24			9. AGE (In years last birthday) 28		
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman			11. BIRTHPLACE (State or foreign country) Brunswick, Maryland		
12. CITIZEN OF WHAT COUNTRY? U.S.A			13. FATHER'S NAME Jacob Ephraim		
14. MOTHER'S MAIDEN NAME Rachel Korb			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Mrs. Rachel Ephraim-2102 Callow Avenue		

18. 202.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) LYMPHOBLASTOMA DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH LYMPHOBLASTOMA DUE TO INTERVAL BETWEEN ONSET AND DEATH
---	---

19A. DATE OF OPERATION 6/30/52		19B. MAJOR FINDINGS OF OPERATION LYMPHOBLASTOMA		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **July 1**, 1952, to **July 12**, 1952, that I last saw the deceased alive on **July 5**, 1952, and that death occurred at **5:25 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE Malcolm L. Robbins M.D.		23B. ADDRESS Sinai Hosp of Balto		23C. DATE SIGNED 7/12/52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/13/52.		24C. NAME OF CEMETERY OR CREMATORY Har Zion, Rosedale	
24D. LOCATION (City, town, or county) Baltimore, Maryland		24E. FUNERAL DIRECTOR Huntington Williams, M.D.		24F. ADDRESS 1124-26 W. North Ave.	

Side SE

May 1955

Side



200

52 6473

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6473

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN NEWTON WICKS

2. DATE
OF
DEATH

7/12/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4102 PENHURST AVENUE

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY before admission)

MARYLAND BALTO CITY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City. 15-10

D. STREET ADDRESS (If rural give location)

4102 Penhurst Ave.

E. Length of stay in Baltimore

79 Years

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1/29/73

9. AGE (In years
last birthday)

79

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

Bonding Company

Bonding Company

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Eardiner E. Wicks

14. MOTHER'S MAIDEN NAME

Sarah Mackerson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

415-10-1735A

17. INFORMANT

Mrs. Preston S. Wicks - 4102 Penhurst Ave. Balto?

18. 434.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Congestive Heart Failure

10 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from June, 1951, to July, 1952, that I last saw the
deceased alive on July 2, 1952 and that death occurred at 10:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Edwin E. Pierpont

M. O.

23B. ADDRESS

2204 Liberty Rd, Balto, Md 7/12/52

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 13 1952

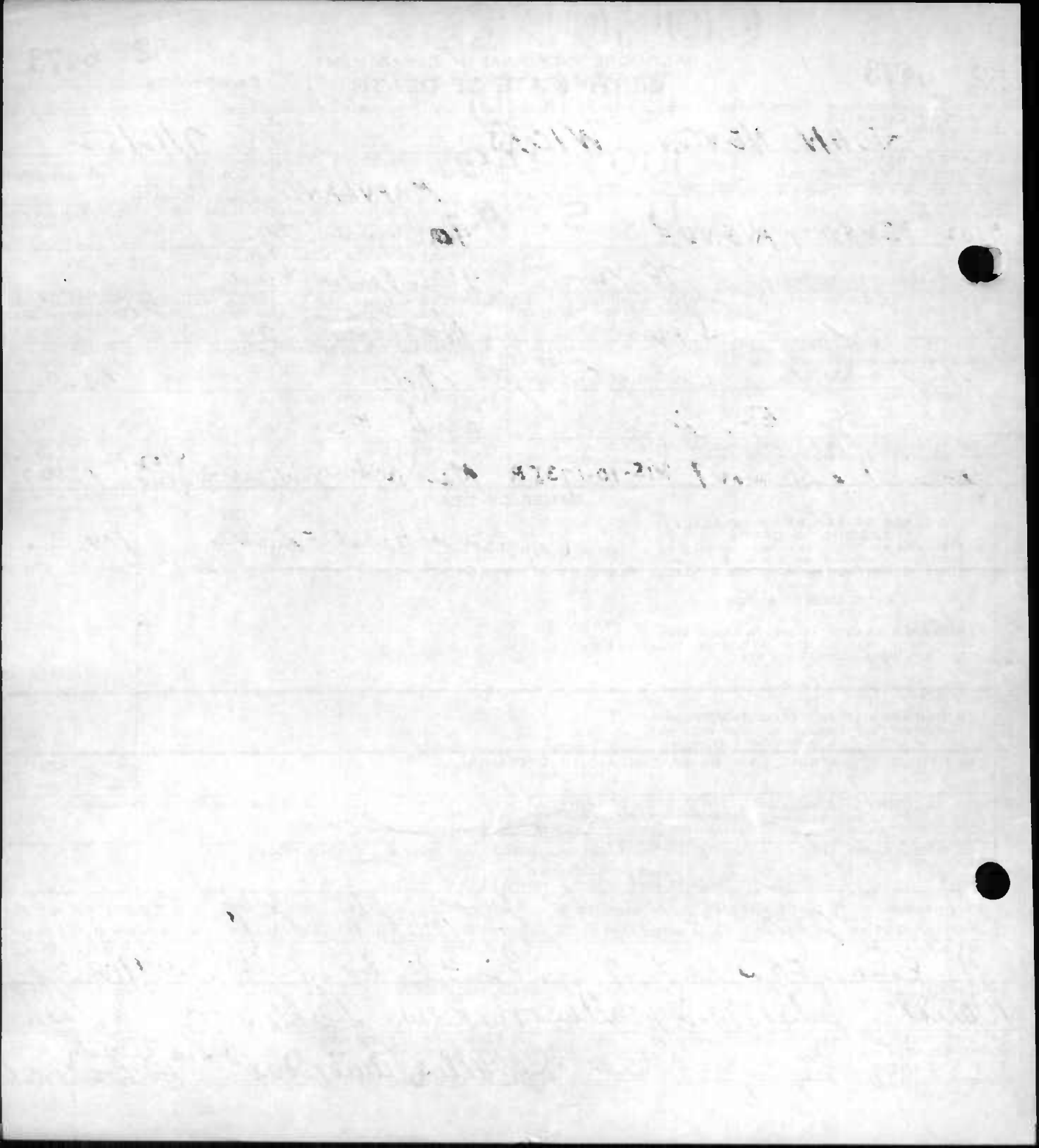
Huntington Williams, M.D.

Ellis Anderson

4510 Liberty
Hights Ave

VS 150

MEDICAL CERTIFICATION



335

52 6474

BALTIMORE CITY HEALTH DEPARTMENT

52 6474

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GREGORY STIDHAM (Gregory M. Stidham)

2. DATE
OF DEATH

4-12-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Mercy Hosp.*B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

MERCY HOSPITAL

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

4-15-51

9. AGE (In years
last birthday)

Hmn. 27 days 11

If Under 1 Year
Months: Days

27

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Jack Stidham

14. MOTHER'S MAIDEN NAME

Margaret Dorsey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

None

16. SOCIAL
SECURITY NO.
None

17. INFORMANT

ADDRESS

Mr. Jack F. Stidham-2217 Huntingdon Ave.

18. 057.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Septicemia, probably
meningococciINTERVAL BETWEEN
ONSET AND DEATH

24 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 11:00 a.m. 4-12, 1952, to 12:30 p.m. 4-12, 1952 that I last saw the deceased alive on 4-12, 1952, and that death occurred at 12:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Martina Trona-Cortez M.D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

4-12-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE

7-15-1952

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery

24D. LOCATION (City, town, or county)

Edmondson Avenue, Balto: Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

George J. Ruth, Inc.-1735 Harford Avenue

JUL 13 1952

VS 150

10520326471

MEDICAL CERTIFICATION

52 6475

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6475
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH M. SILVERMAN

2. DATE
OF
DEATH

7-13-52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2527 Shirley Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore 15-12

C. Length of stay in Baltimore

40

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2527 Shirley Ave

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

9. AGE (in years
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Sexton

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph

14. MOTHER'S MAIDEN NAME

Ethel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Herman Silverman - Same

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebro-Vascular Hemorrhage - 2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Cerebral Arteriosclerosis

(C)

Hypertensive Vascular Disease

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive Cerebro-Vascular Renal Disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

2. I hereby certify that I attended the deceased from June 10, 1952, to July 13, 1952, that I last saw the
deceased alive on July 13, 1952, and that death occurred at 5:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 13 1952

Huntington Williams, M.D. Jack Lewis, Inc. 2100 Bataway Rd

VS 150

MEDICAL CERTIFICATION

Tampakoo
3913 Labrunth Rd

MARY C. W. Weil
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6476
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary C. W. Weil

2. DATE
OF
DEATHThis -
July 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

838 N. Eutaw St.

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Feb. 24, 1890

9. AGE (In years
last birthday)

62

10. Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Nette's mod. opr.

10B. KIND OF BUSINESS OR
INDUSTRY

Nette's mod. opr.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Charles Wilkinson

14. MOTHER'S MAIDEN NAME

Sarah Conneley

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

215-01-9127

17. INFORMANT

Charles W. Wilkinson (Bro.)

ADDRESS 1425
Olive St. (30)

18. 331X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

Hypertension

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1 day

unknown

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

None

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 10, 1952, to July 10, 1952, that I last saw the
deceased alive on July 10, 1952, and that death occurred at 9:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Manuel Leon

23B. ADDRESS

4819 Reisterstown Rd

23C. DATE SIGNED

July 12, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

July 14, 1952

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cem.

24D. LOCATION (City, town, or county)

Brooklyn, N.Y.C. May

DATE RECEIVED BY
LOCAL REGISTRAR

JUL 13 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

G. Howard Evans

ADDRESS

6904 4005 Charles St. Balto. 39 Md.

234

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6477
Registered No.

52 6477
BIRTH NO.

1. NAME OF DECEASED (Type or Print) *Francis J. Costello*

2. DATE OF DEATH *July 10th 1952*

3. PLACE OF DEATH:
A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Maryland*
B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
205 Tullbridge Rd

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-12

C. Length of stay in Baltimore
Yrs. *?*
Mos. *?*
Days

D. STREET ADDRESS (If rural, give location)
205 Tullbridge Rd

5. SEX *Male*
6. COLOR OR RACE *White*
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) *Married*

8. DATE OF BIRTH *Oct-14th-1889*
9. AGE (in years last birthday) *62*
If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Vice President Can Mfg.

11. BIRTHPLACE (State or foreign country) *Chicago - Ill*
12. CITIZEN OF WHAT COUNTRY? *U.S.A.*

10B. KIND OF BUSINESS OR INDUSTRY

14. MOTHER'S MAIDEN NAME
LUCY LAW

13. FATHER'S NAME
James Edward Costello

16. SOCIAL SECURITY NO. *215 01 2062*

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

17. INFORMANT ADDRESS
Elizabeth A. Costello - 205 Tullbridge Rd

18. *451X I*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH
(A) *Rupture of dissecting aneurysm of abdominal aorta*
DUE TO
(B)
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH
3 wks.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION *0* 19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK
21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *June 16, 1952* to *July 10, 1952*, that I last saw the deceased alive on *July 10, 1952*, and that death occurred at *11⁰⁰ P. m.*, from the causes and on the date stated above.

23A. SIGNATURE *Max E. Spauld* 23B. ADDRESS *11 E. Chase St.* 23C. DATE SIGNED *7/11/52*

24A. BURIAL, CREMATION, REMOVAL (Specify) *Burial* 24B. DATE *July 14 1952* 24C. NAME OF CEMETERY OR CREMATORY *New Cathedral* 24D. LOCATION (City, town, or county) (State) *Baltimore*

DATE RECEIVED BY LOCAL REGISTRAR *Jul 13 1952* REGISTRAR'S SIGNATURE *Huntington Williams, M.D.* 25. FUNERAL DIRECTOR *Wm. C. 4905 York Rd* ADDRESS

VS 150 *905 2 029038 4 7 4*

MEDICAL CERTIFICATION

THE UNIVERSITY OF CHICAGO
LIBRARY

Dr. Wm G. Speed
6A. 11E Chase

52 6478

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

52 6478

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH OIGANEK

2. DATE OF DEATH July 9, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4940 Eastern Ave.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
Baltimore City Hospitals4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md.
B. COUNTYC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 26-11D. STREET ADDRESS (If rural, give location)
1216 S. Highland Ave.C. Length of stay in Baltimore
About 48 Yrs. Mos. Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 19, 1885

9. AGE (In years last birthday)

67

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Work

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Czechoslovakia

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

George Vlcek

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Frank T. Oiganek 1216 S. Highland Ave.

18. 260X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
DUE TO

(A)

acute congestive heart failure 3 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO

(B)

arteriosclerotic CVD. 10 yrs.

(C)

diabetes mellitus 20 yrs ??

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Aug 1951 to July 1952, that I last saw the deceased alive on July 9, 1952, and that death occurred at 10:45 P.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24K. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

July 14, 1952

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart Cemetery

24D. LOCATION (City, town, or county) (State)

7401 German Hill Rd., Ba. Co., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS
901 S. Conkling ST.

JUL 13 1952

VS 150

MEDICAL CERTIFICATION

<p>1. Name of deceased: <i>John A. Smith</i></p>		<p>2. Date of death: <i>Jan 15, 1925</i></p>	
<p>3. Place of death: <i>New York City</i></p>		<p>4. Cause of death: <i>Heart Disease</i></p>	
<p>5. Age at death: <i>45</i></p>		<p>6. Sex: <i>Male</i></p>	
<p>7. Occupation: <i>Teacher</i></p>		<p>8. Marital status: <i>Married</i></p>	
<p>9. Name of informant: <i>John A. Smith</i></p>		<p>10. Address of informant: <i>123 Main St, New York City</i></p>	
<p>11. Signature of informant: <i>[Signature]</i></p>		<p>12. Date of report: <i>Jan 16, 1925</i></p>	

1. NAME OF DECEASED (Type or Print)		Joseph HOCK		2. DATE OF DEATH July 12, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		A. STATE Maryland			
C. Length of stay in Baltimore life		B. COUNTY Baltimore			
5. SEX Male		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH July 10, 1952		9. AGE (In years last birthday) 2		10. Under 1 Year Months: Days	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY Infant		11. BIRTHPLACE (State or foreign country) Baltimore	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Gerard Hock			
14. MOTHER'S MAIDEN NAME PHILOMENA KAMMERON		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT HOSP. RECORDS.			

18. 578X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) Generalized Peritonitis			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) Perforating Ulcer of Colon			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from July 10th, 1952 to July 12, 1952, that I last saw the deceased alive on July 12, 1952, and that death occurred at 4:30 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Wm F Baldwin		23B. ADDRESS St. Joseph's Hospital		23C. DATE SIGNED 7-12-52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE July 14, 1952		24C. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR Charles S. Zuber			
DATE RECEIVED BY LOCAL REGISTRAR JUL 13 1952		REGISTRAR'S SIGNATURE Huntington Williams		ADDRESS 901 S. Conkling St.	

1000

1000

CERTIFICATE OF DEATH

1000



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520

52 6480

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6480
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John C. Finck

2. DATE
OF
DEATH

July 12, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore, Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR SOUTH BALTIMORE GENERAL HOSPITAL
INSTITUTION 1213 Light Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

8-04

D. STREET ADDRESS (If rural, give location)

1102 N. Montford Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

June 17, 1884

9. AGE (In years last birthday)

66

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist

10B. KIND OF BUSINESS OR INDUSTRY

Dietrich Bros.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John C. Finck STRUCT. STEE

14. MOTHER'S MAIDEN NAME

Hora metz

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Francis C. Finck - 1803 N. Duncan St.

18. 142.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Metastasis from (B) ulceration

about 1/2 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Epidermoid carcinoma of parotid gland

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.

19A. DATE OF OPERATION

June 2, 1952

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of deep lobe of parotid gland.

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 17, 1952 to July 12, 1952, that I last saw the deceased alive on July 12, 1952, and that death occurred at 9:23 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Chi-Chao Chien

M. O.

23B. ADDRESS

South Baltimore General Hospital

23C. DATE SIGNED

7-12-52

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7/16/52

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Belair Rd. - Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

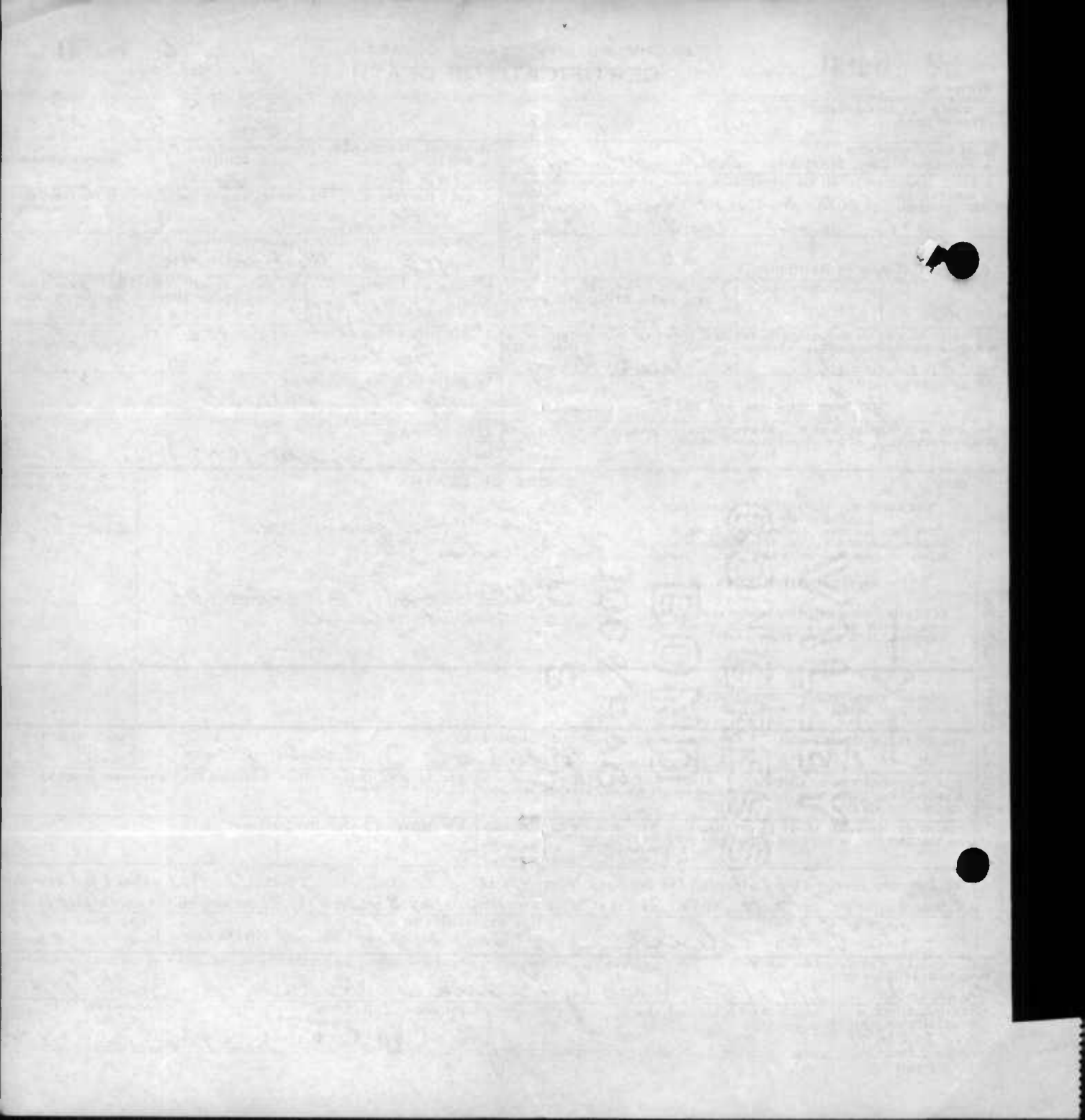
ADDRESS

John C. Michie Inc. - 2435 E. Ohio St.

VS 150

54424

MEDICAL CERTIFICATION



530

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6481
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MATTHEW SCHMIDT

2. DATE
OF
DEATH

JULY 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution, residence
before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

BON SECOURS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE

20-04

D. STREET ADDRESS (If rural, give location)

2585 W. BALTIMORE ST.

C. Length of stay in Baltimore

46

Yrs.
Mo.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

10/13/78

9. AGE (In years
last birthday)

73

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

IRON WORKER

10B. KIND OF BUSINESS OR
INDUSTRY

Foundry

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

FREDERICK SCHMIDT

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

1-14-14-14-14

17. INFORMANT

SON, EDWARD

ADDRESS

425 GWYNN AVE.

18. 420.0 1 212-01 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ARTERIOSCLEROTIC HEART DISEASE

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

5 YRS.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 6, 1952, to July 10, 1952, that I last saw the
deceased alive on July 10, 1952, and that death occurred at 12:30 pm., from the causes and on the date stated above.

23A. SIGNATURE

William A. Pillsbury M.D.

23B. ADDRESS

Bon Secours Hospital

23C. DATE SIGNED

July 10, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

July 14, 1952

24C. NAME OF CEMETERY OR CREMATORY

St. Pauls Cemetery

24D. LOCATION (City, town, or county)

Havre de Grace

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

JUL 13 1952

REGISTRAR'S SIGNATURE

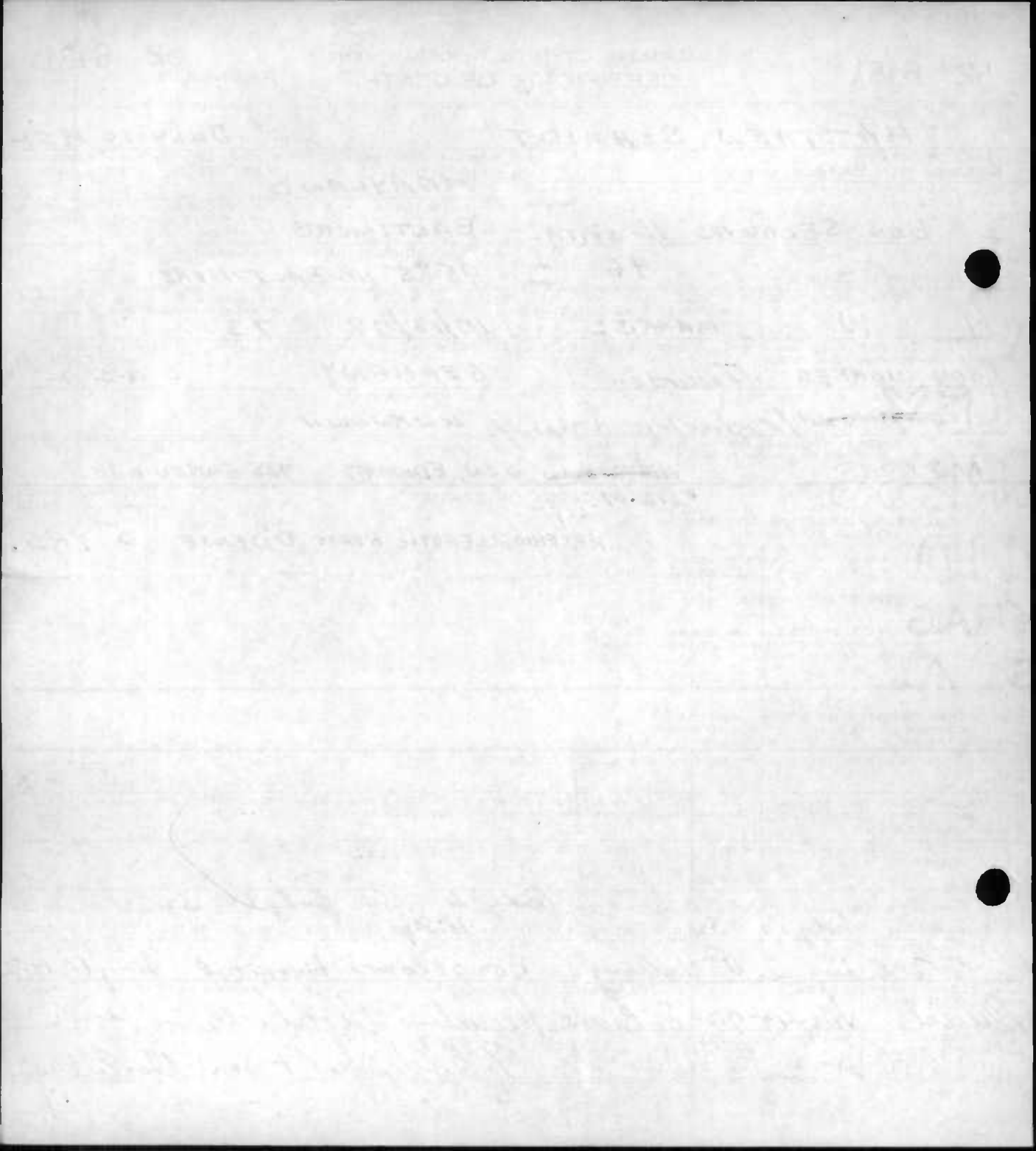
Huntington Williams, M.D.

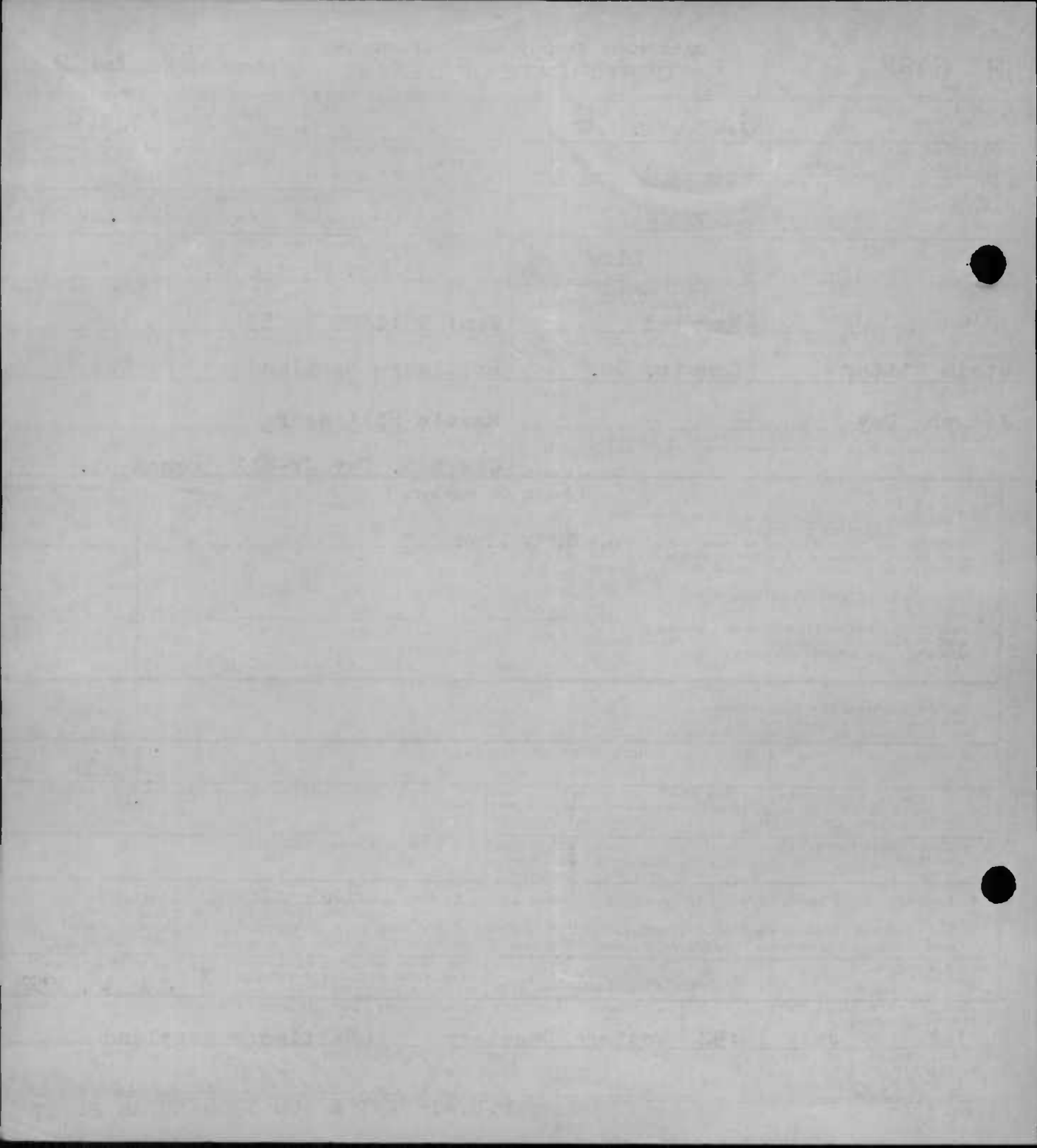
25. FUNERAL DIRECTOR

H. B. Wickett & Son - 1200 E. Howard

ADDRESS

1200 E. Howard





52 6483

BALTIMORE CITY HEALTH DEPARTMENT

52

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 52-15132

1. NAME OF DECEASED
(Type or Print)

David Burton DeMoss

2. DATE
OF
DEATH

July 13, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Lutheran Hosp of Md

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

Md

B. COUNTY

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balti. 14

5300

D. STREET ADDRESS (If rural, give location)

7842 Westmoreland Ave

C. Length of stay in Baltimore

11

Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

July 2, 1952

9. AGE (In years, last birthday)

11

10. Under 1 Year
Months: Days

11

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CHILD

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balti Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Harry Raymond DeMoss

14. MOTHER'S MAIDEN NAME

Virginia Elizabeth Jester

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If Yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mother FATHER

ADDRESS

Same

18. 776X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/2, 1952 to 7/13, 1952 that I last saw the deceased alive on 7/13, 1952, and that death occurred at 8:00 a. m., from the causes and on the date stated above.

23A. SIGNATURE

F. P. Wegersal

23B. ADDRESS

M. D.

Lutheran Hosp.

23C. DATE SIGNED

7/13/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

7-14-52

24C. NAME OF CEMETERY OR CREMATORY

CHESTER CEMETERY

24D. LOCATION (City, town, or county)

CHESTER TOWN, MD.

DATE RECEIVED BY
LOCAL REGISTRAR

JUL 14 1952

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Ruck 5305 Hybrid Rd.

VS 150

19520006480

MEDICAL CERTIFICATION

0183

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

U.S. 8-5813

10-10-58



400
52 6484

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6484
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FLORENCE KELLY

2. DATE
OF
DEATH July 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

4700 Harford Road

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Mar. 9, 1874

9. AGE (in years
last birthday)

78

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Capt. James W. Northam

14. MOTHER'S MAIDEN NAME

Julia Ann ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Milton Kelly, 632 E 37th Street

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of Breast (Left) 10 YRS
DUE TO with Generalized metastasis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) _____
DUE TO _____
(C) Fracture of left hip 4 mo.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from April, 1951 to July 11, 1952 that I last saw the
deceased alive on July 11, 1952, and that death occurred at 4:30 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Lloyd E. Saylor M. D.

23B. ADDRESS

3902 Greenmount Ave.

23C. DATE SIGNED

July 12, 1952

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7/14/52

24C. NAME OF CEMETERY OR CREMATORY

Solomons Cemetery

24D. LOCATION (City, town, or county)

Solomons Island Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

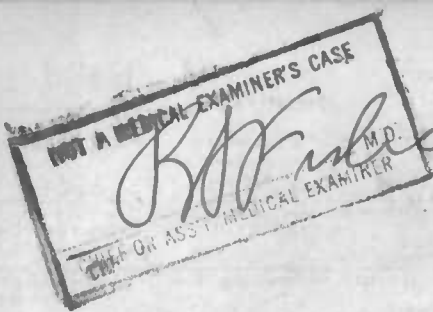
REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Leonard J. Rack, 5305 Harford Road.



Dr. Saylor
3902 Greenmount

52 6485

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6485

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SOPHIA CHRISTINE REPP

2. DATE
OF
DEATH

July 11, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2716 Bauernwood Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-07

D. STREET ADDRESS (If rural, give location)

2716 Bauernwood Avenue

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

May 13, 1874

9. AGE (In years
last birthday)

78

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
at home10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles Rusteberg

14. MOTHER'S MAIDEN NAME

Catherine ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Miss Anna M. Gerstmyer-2716 Bauernwood

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Cardiac Distention

DUE TO

INTERVAL BETWEEN
ONSET AND DEATH

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Cardiac Hypertensive Disease
and General Arteriosclerosis

DUE TO

(C)

5 years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 10, 1952, to July 11, 1952, that I last saw the
deceased alive on July 11, 1952, and that death occurred at 3:20 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Albert Eisenberg

M. D.

23B. ADDRESS

2200 Mayfield Ave

23C. DATE SIGNED

7-12-52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

7/18/1952

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 14 1952 H. H. Williams, M.D.

Leonard J. Ruck, 5305 Harford Road

52 6486

CERTIFICATE CORRECTED

8-4-52

X

52 6486

360 REA-161008

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

1. NAME OF DECEASED (Type or Print) Walter Yetter		2. DATE OF DEATH July 13, 1952	
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3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE New Jersey B. COUNTY V-27	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Collingswood	

c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 139 Frazier Ave. Collingswood, N. J.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 30, 1890
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9. AGE (In years last birthday) 62	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Penn.	
13. FATHER'S NAME William Yetter (Dec)		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Records: B. C. H. 4940 Eastern Avenue		ADDRESS	

18. 42011 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute pulmonary Edema		INTERVAL BETWEEN ONSET AND DEATH 1 day
--	--	--

ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Acute coronary occlusion		2 or 3 days
---	--	-------------

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Chronic congestive heart failure		6 months
--	--	----------

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **7-13**, 19**52**, to **7-13**, 19**52**, that I last saw the deceased alive on **7-13**, 19**52**, and that death occurred at **5:50P** m., from the causes and on the date stated above.

23A. SIGNATURE [Signature]	23B. ADDRESS 4940 Eastern Avenue	23C. DATE SIGNED 7-13-52
--------------------------------------	--	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) Removal	24B. DATE JUL 14 1952	24C. NAME OF CEMETERY OR CREMATORY Huntington Williams, M.D.	24D. LOCATION (City, town, or county) (State) Wash. D.C.
DATE RECEIVED BY LOCAL REGISTRAR JUL 14 1952		25. FUNERAL DIRECTOR [Signature] ADDRESS 254 Carroll St. NW Washington 12, DC	

MEDICAL CERTIFICATION

100/21473

BOND

COMMON

WATER

WATER

WATER

WATER

100

WATER

100

WATER

100

WATER

100

WATER

WATER

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 6487
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JEROME SPENCER			2. DATE OF DEATH July 11, 1952		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE South Baltimore General Hosp.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 4-02		
C. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 678 W. Saratoga Street		
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 7-7-1946		9. AGE (In years last birthday) 6
10A. USUAL OCCUPATION (Give kind of work done during most of working life, if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Eddie Spencer			14. MOTHER'S MAIDEN NAME Larnett		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Harriet Spencer - Saratoga St ADDRESS 678 - Saratoga St		

18. E929.8 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Drowning DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)	INTERVAL BETWEEN ONSET AND DEATH
--	----------------------------------

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) harbor		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Light and Conway Streets 22/1
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY July 11, 1952 2:30 P. m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Found drowned

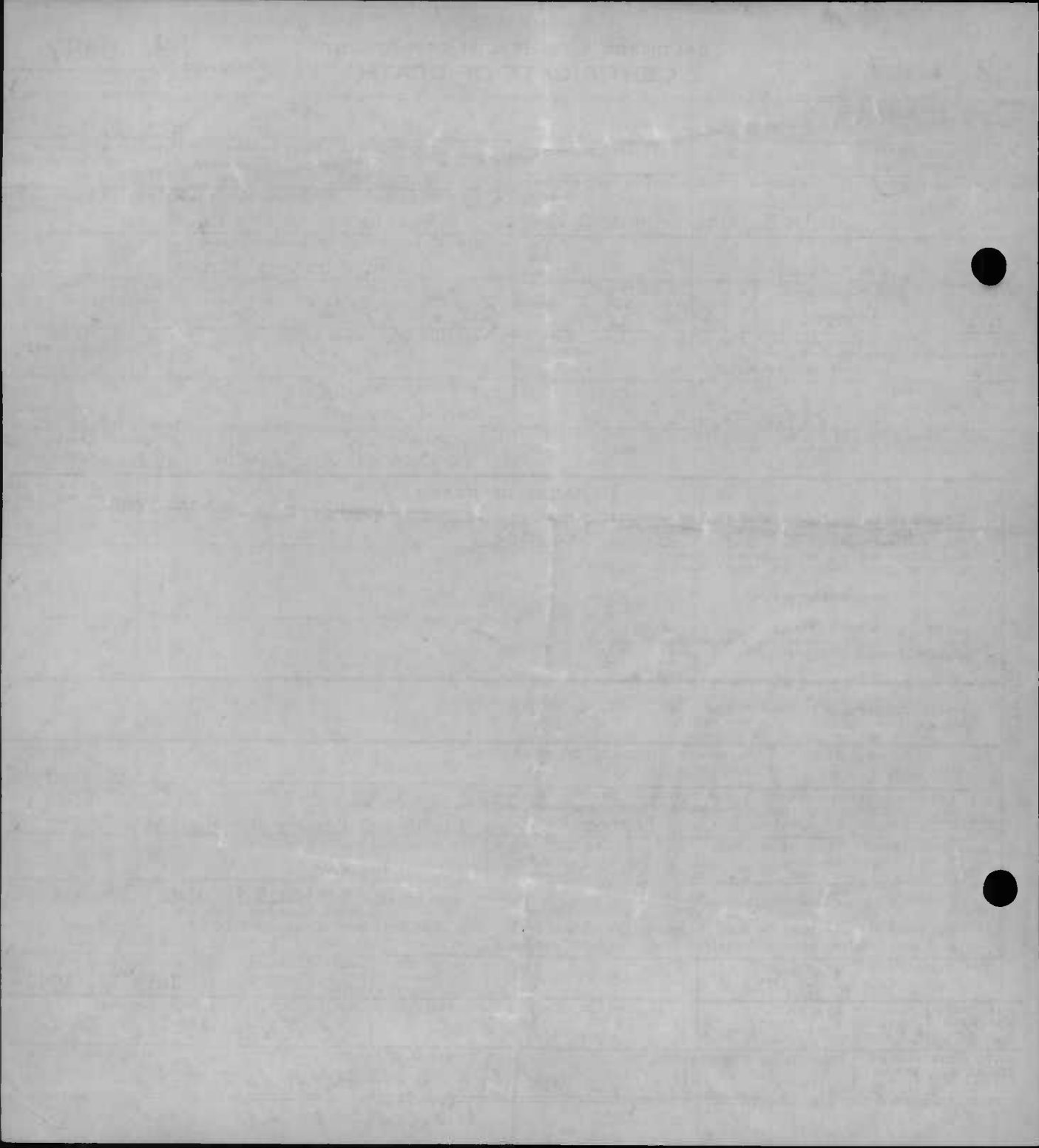
22. I certify that I took charge of the remains described above, held an inspection & inquiry thereon and from Autopsy, Inspection or Inquiry the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE P. Fisher	23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED July 12, 1952
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 7/15/52	24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary	24D. LOCATION (City, town, or county) (State) Cedar Hill Md.
DATE RECEIVED BY LOCAL REGISTRAR JUL 14 1952	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR ADDRESS A. P. Stalstad - 918 - David Hill ave.	

V S 151 N 990X

MEDICAL CERTIFICATION



535

52 6489

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6489

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) George W. Fanton		2. DATE OF DEATH July 11, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1614 N. Calvert St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-05	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 1614 N. Calvert St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 22, 1878
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) R.R. Engineer		10B. KIND OF BUSINESS OR INDUSTRY Railroad	9. AGE (in years last birthday) 74
11. BIRTHPLACE (State or foreign country) Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Noah Fanton		14. MOTHER'S MAIDEN NAME Sallie Young	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT Elizabeth Fanton		ADDRESS 1614 N. Calvert St.	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Respiratory failure DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Myocardial insufficiency DUE TO Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from June 15, 1952 , to July 11, 1952 , that I last saw the deceased alive on July 11, 1952 , and that death occurred at 4:30 p.m. , from the causes and on the date stated above.				
23A. SIGNATURE D. S. Brofsky M.D.		23B. ADDRESS 4734 Park Heights Ave		23C. DATE SIGNED 7/12/52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7-14-52		24C. NAME OF CEMETERY OR CREMATORY Lorraine
24D. LOCATION (City, town, or county) (State) Baltimore, Md.				

DATE RECEIVED BY LOCAL REGISTRAR JUL 14 1952		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR Wm. Cook Inc.		ADDRESS 1217 St. Paul St.	
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541 5to 4 8 6

MEDICAL CERTIFICATION

CERTIFICATE OF DEATH

County of _____

City of _____

State of New York

On _____ day of _____ 1983

at _____

Med. Exam Case - Released to Hosp. - To be appor.

52 6490

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No 52 6490

BIRTH NO. R-543

1. NAME OF DECEASED (Type or Print) SARAH Reynolds		2. DATE OF DEATH JUL 12 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland Ortho Hall		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION JOHNS HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-06	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2327 N Charles St	
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W.	8. DATE OF BIRTH 5-10-56
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 95
11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Thomas Mills		14. MOTHER'S MAIDEN NAME Sarah Andrews	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT JOHNS HOPKINS HOSPITAL		ADDRESS	

18. **420.0 and E904.0**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Arteriosclerotic Heart Disease

CAUSE OF DEATH
(A) **Arteriosclerotic Heart Disease**
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **95 yrs old**
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.

Fractured hip, Right

5 days

19A. DATE OF OPERATION July 10, 1952		19B. MAJOR FINDINGS OF OPERATION Fractured hip		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) 2327 N. Charles St	
21D. TIME (Month) (Day) (Year) OF INJURY July 6, 1952		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? pt fell down	
22. I hereby certify that I attended the deceased from 7-8-1952 , to 7-12-1952 that I last saw the deceased alive on 7-12-1952 and that death occurred at 100A m., from the causes and on the date stated above.					
23A. SIGNATURE George C. Dushy M. D.		23B. ADDRESS JOHNS HOPKINS HOSPITAL		23C. DATE SIGNED July 12, 1952	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 7/14/52		24C. NAME OF CEMETERY OR CREMATORY Balto	
24D. LOCATION (City, town, or county) (State) Balto. Md.		25. FUNERAL DIRECTOR Wm Cook Inc. 1217 St. Paul St			
DATE RECEIVED BY LOCAL REGISTRAR JUL 14 1952 VS 150		REGISTRAR'S SIGNATURE Huntington Williams, MD N 820.8		ADDRESS 6407	

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200
52 6491

52 6491

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____	
1. NAME OF DECEASED (Type or Print) Kate Estelle Yeagy	
2. DATE OF DEATH July 11, 1952	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
5. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital	
6. STREET ADDRESS (If rural, give location) 1537 Abbottston St.	
7. Length of stay in Baltimore 64 years	
8. SEX Female	
9. COLOR OR RACE White	
10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
11. DATE OF BIRTH Nov. 29, 1887	
12. AGE (in years, last birthday) 64	
13. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	
14. KIND OF BUSINESS OR INDUSTRY	
15. BIRTHPLACE (State or foreign country) Baltimore, Maryland	
16. CITIZEN OF WHAT COUNTRY? USA	
17. FATHER'S NAME John Biggar	
18. MOTHER'S MAIDEN NAME Maggie Rexroth	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No	
20. SOCIAL SECURITY NO. _____	
21. INFORMANT Mrs. Norma Brand	
22. ADDRESS 1537 Abbottston St.	

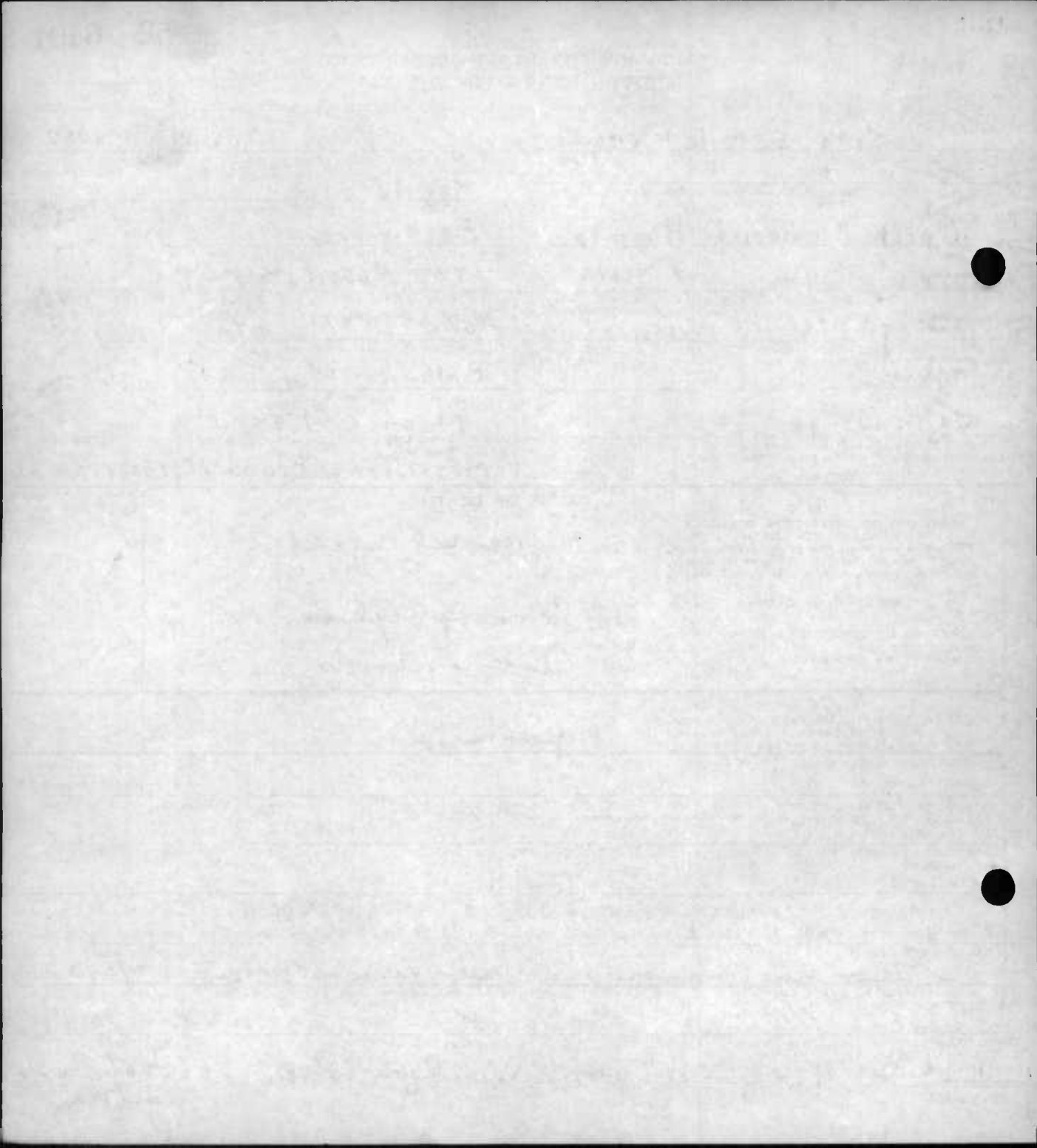
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	
(A) Myocardial infarction	
DUE TO	
(B) Coronary occlusion	
DUE TO	
(C) Arteriosclerosis	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Hypertension	

19A. DATE OF OPERATION 0	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **July 8, 1952** to **July 11, 1952**, that I last saw the deceased alive on **July 11, 1952** and that death occurred at **10:40 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE Georgia Reynolds M. D.	
23B. ADDRESS Union Memorial Hospital	
23C. DATE SIGNED 7/11/52	

24A. BURIAL - CREMATION - REMOVAL (Specify) Burial	
24B. DATE 7/15/52	
24C. NAME OF CEMETERY OR CREMATORY Parkwood	
24D. LOCATION (City, town, or county) (State) Parkville Md.	
DATE RECEIVED BY LOCAL REGISTRAR JUL 14 1952	
REGISTRAR'S SIGNATURE Huntington Williams, M.D.	
25. FUNERAL DIRECTOR Wm. C. Gohs & Sons	
ADDRESS St. Paul & Preston Sts Balto, Md.	



354

52 6492

SHEETENHELM

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

 52 6492
 Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <i>Sheetenhelm, Mr. Charles</i>			2. DATE OF DEATH <i>July 11, 1952</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore, Maryland</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Sparrow points.</i>		
5. FULL NAME OF (If not in hospital or institution, give street address or location) <i>Church Home + Hospital.</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
6. Length of stay in Baltimore <i>Life time</i> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <i>1116 F Street. 5300</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Dec. 4, 1886</i>		9. AGE (in years last birthday) <i>66 years</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Clerk</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>STEEL MFG.</i>	11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>
13. FATHER'S NAME <i>Zach Sheetenhelm</i>			14. MOTHER'S MAIDEN NAME <i>Ella Starr</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>213-07-6246</i>	17. INFORMANT ADDRESS <i>Mr. Ward Sheetenhelm 3632 Lindale Ave.</i>		

18. <i>46x</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		<i>Rheumatic Heart Disease</i>		<i>2 years</i>	
(B) DUE TO		<i>Atherosclerosis, Generalized</i>		<i>2 weeks</i>	
(C) DUE TO		<i>Urinary tract Infection</i>		<i>2 weeks</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Benign hyperplastic prostatic hypertrophy</i>			

19A. DATE OF OPERATION <i>7-15-52</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>June 25, 1952</i> , to <i>July 11, 1952</i> , that I last saw the deceased alive on <i>July 11, 1952</i> , and that death occurred at <i>10:40 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Donaldstonis</i>		23B. ADDRESS <i>Church Home Hospital.</i>		23C. DATE SIGNED <i>July 11, 1952</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>		24B. DATE <i>7-15-52</i>		24C. NAME OF CEMETERY OR CREMATORY <i>MT. ZION METH.</i>		24D. LOCATION (City, town, or county) (State) <i>FREDK. CO. Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>14 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>		25. FUNERAL DIRECTOR <i>Walter, Burke, Bradley, Norfolk, Md.</i>		ADDRESS	

VS 150

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MEDICAL CERTIFICATION

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52 6493

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6493

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Basil A. Griffith

2. DATE
OF
DEATH

7/12/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

St. Agnes Hospital

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

6/5/1882

9. AGE (in years
last birthday)

70

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Assembler

10B. KIND OF BUSINESS OR
INDUSTRY

Bendix Radio Corp.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Basil Griffith

(M)

14. MOTHER'S MAIDEN NAME

Emma White

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Wm. E. Griffith, 2700 Mosher St

18. 153X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma Squamous Cell

4 mos

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.Internal obstruction, Partial.
Arteriosclerosis, Generalized

19A. DATE OF OPERATION

7/11/52

19B. MAJOR FINDINGS OF OPERATION

Carcinoma Squamous Cell

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/2, 1952, to 7/12, 1952, that I last saw the
deceased alive on 7/12, 1952, and that death occurred at 3:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. E. Karmy MD

M. D.

23B. ADDRESS

St. Agnes Hospital

23C. DATE SIGNED

7/12/52

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

July 15/52

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

JUL 14 1952

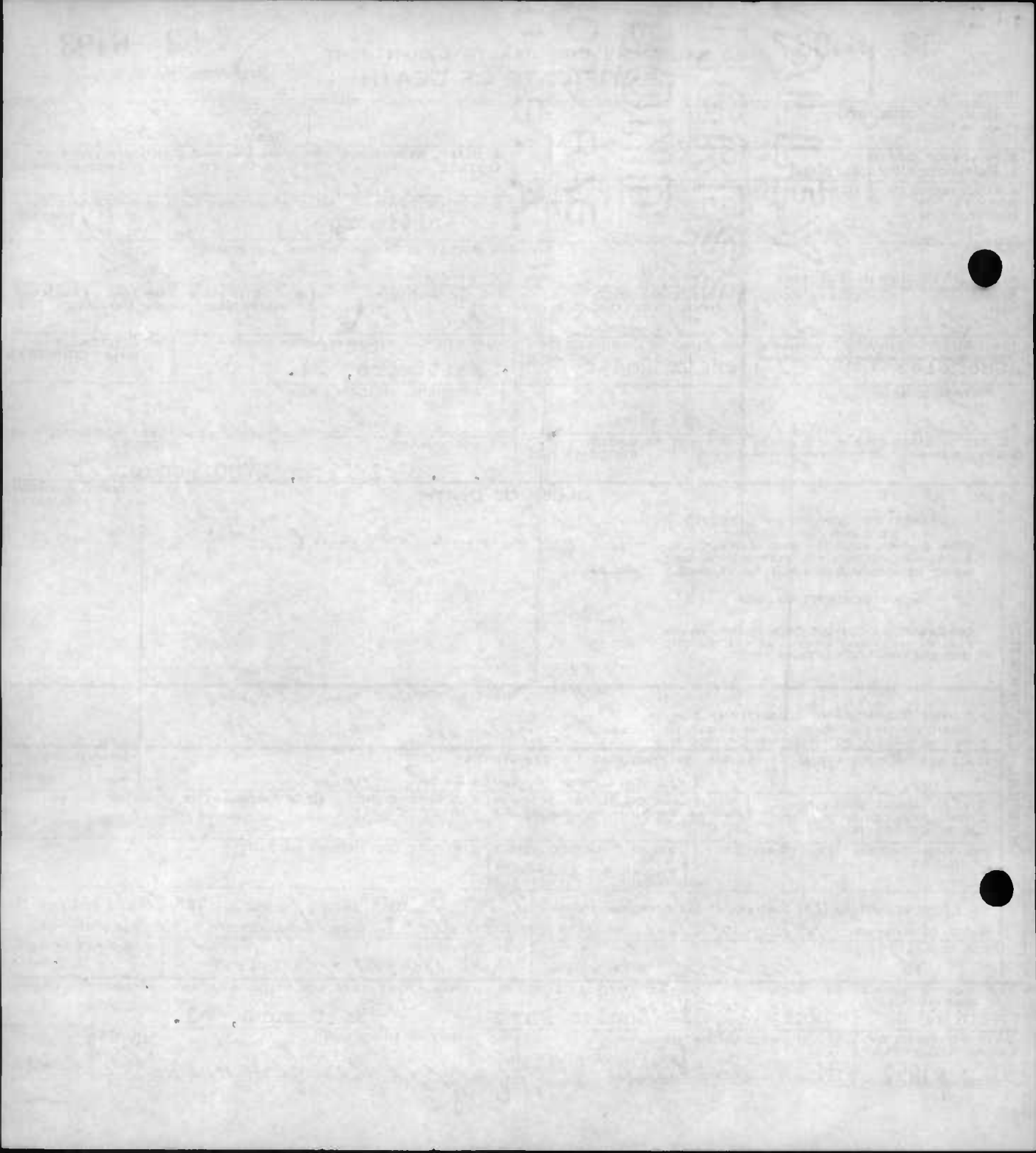
Huntington Williams, M.D. Harry F. Witzke, 4101 Edmondson Ave.

VS 150

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Ave.

MEDICAL CERTIFICATION



BIRTH NO.		1. NAME OF DECEASED (Type or Print) Lucy Vollbracht		2. DATE OF DEATH July 11/52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION 607 Winans Way		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 28-04			
c. Length of stay in Baltimore 65 yrs		D. STREET ADDRESS (If rural, give location) 607 Winans Way			
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Jan. 2, 1881	9. AGE (In years last birthday) 71	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H.W.		10B. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (State or foreign country) Laurel, Md.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME Louis Meyer		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Miss Agnes Meyer, 607 Winans Way	
18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary thrombosis		CAUSE OF DEATH (A) Hypertensive and arteriosclerotic (B) Cardio-vascular disease (C) _____		INTERVAL BETWEEN ONSET AND DEATH 4 hrs 3 or 4 yrs	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 4 March, 1949 , to 11 July, 1952 that I last saw the deceased alive on 11 July, 1952 , and that death occurred at 3:30 P. m. , from the causes and on the date stated above.					
23A. SIGNATURE Emil H. Hennig		23B. ADDRESS 601 Winans Way		23C. DATE SIGNED 13 July 52	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE July 14/52		24C. NAME OF CEMETERY OR CREMATORY London Park	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		DATE RECEIVED BY LOCAL REGISTRAR JUL 14 1952		REGISTRAR'S SIGNATURE Huntington Williams	
VS 150		25. FUNERAL DIRECTOR Harry D. Bantz		ADDRESS 4101 Edmondson Ave	

REPORT OF DEATH

DEATH CERTIFICATE

1960

3 B-640
52 6495
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6495
Registered No.

1. NAME OF DECEASED (Type or Print) ELIZABETH M. BIARLY		2. DATE OF DEATH 7-12-52	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY 28-04	
5. FULL NAME OF (If not in hospital or institution, give street address or location) Franklin Sq. Hosp		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO.	
6. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) GERMAN AGED HOME (ATHOL AVE)	
7. SEX F	8. COLOR OR RACE W	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	10. DATE OF BIRTH 2-22-1862
11. AGE (In years last birthday) 90	12. If Under 1 Year Months: Days Hours: Min. 4 20	13. BIRTHPLACE (State or foreign country) LONDON, ENGLAND	14. CITIZEN OF WHAT COUNTRY? USA
15. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		16. KIND OF BUSINESS OR INDUSTRY None	
17. FATHER'S NAME SAMUEL GOWER		18. MOTHER'S MAIDEN NAME ELIZ. GROVER	
19. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		20. SOCIAL SECURITY NO.	
21. ADDRESS		22. INFORMANT	
SR. FREDERICK A. 22 S. Calhoun Ave		SR. FREDERICK A. 22 S. Calhoun Ave	

18. 175X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Generalized Carcinomatous		CAUSE OF DEATH Generalized Carcinomatous	INTERVAL BETWEEN ONSET AND DEATH am
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Populay Cystadenocarcinoma, left ovary		DUE TO Populay Cystadenocarcinoma, left ovary	??
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Senility; Arteriosclerosis in heart		DUE TO Senility; Arteriosclerosis in heart	??

19A. DATE OF OPERATION 6-30-52		19B. MAJOR FINDINGS OF OPERATION Populay Cystadenocarcinoma, left ovary - metastases		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **6:00** **1952** to **7-12**, **1952**, that I last saw the deceased alive on **7-12**, **1952**, and that death occurred at **1:15** **am**, from the causes and on the date stated above.

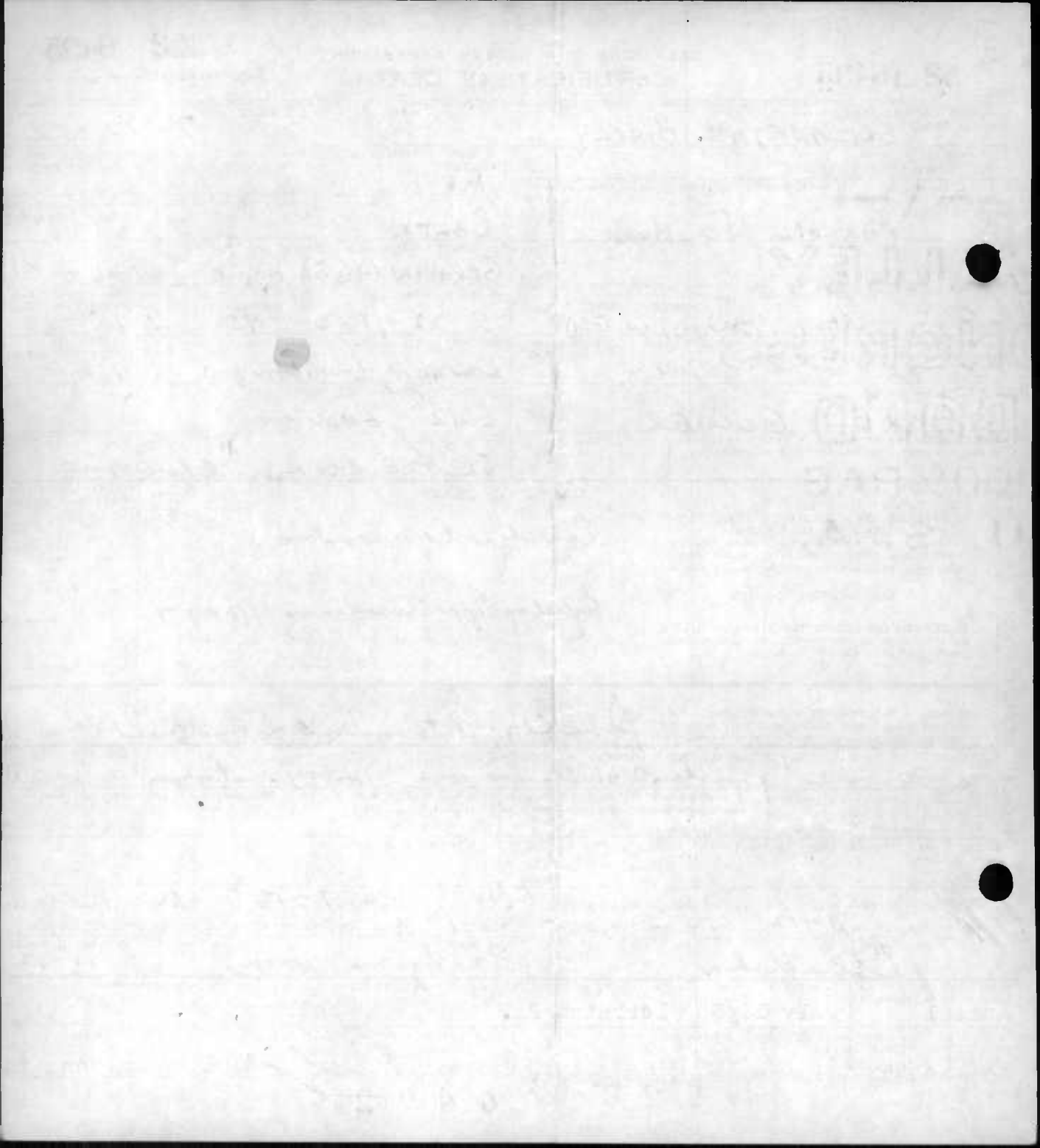
23A. SIGNATURE Blindley	23B. ADDRESS 22. Grove Wagon	23C. DATE SIGNED 7-12-52
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE July 14/52	24C. NAME OF CEMETERY OR CREMATORY Lorraine Pk.
24D. LOCATION (City, town, or county) (State) Woodlawn, Md.	25. FUNERAL DIRECTOR Harry H. Hutzler	ADDRESS 101 Edmondson Ave

DATE RECEIVED BY LOCAL REGISTRAR
JUL 14 1952

REGISTRAR'S SIGNATURE
Huntington Williams

VS 150
109 5 2 0 5 0 6 4 9 2

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

52 6496

Registered No. _____

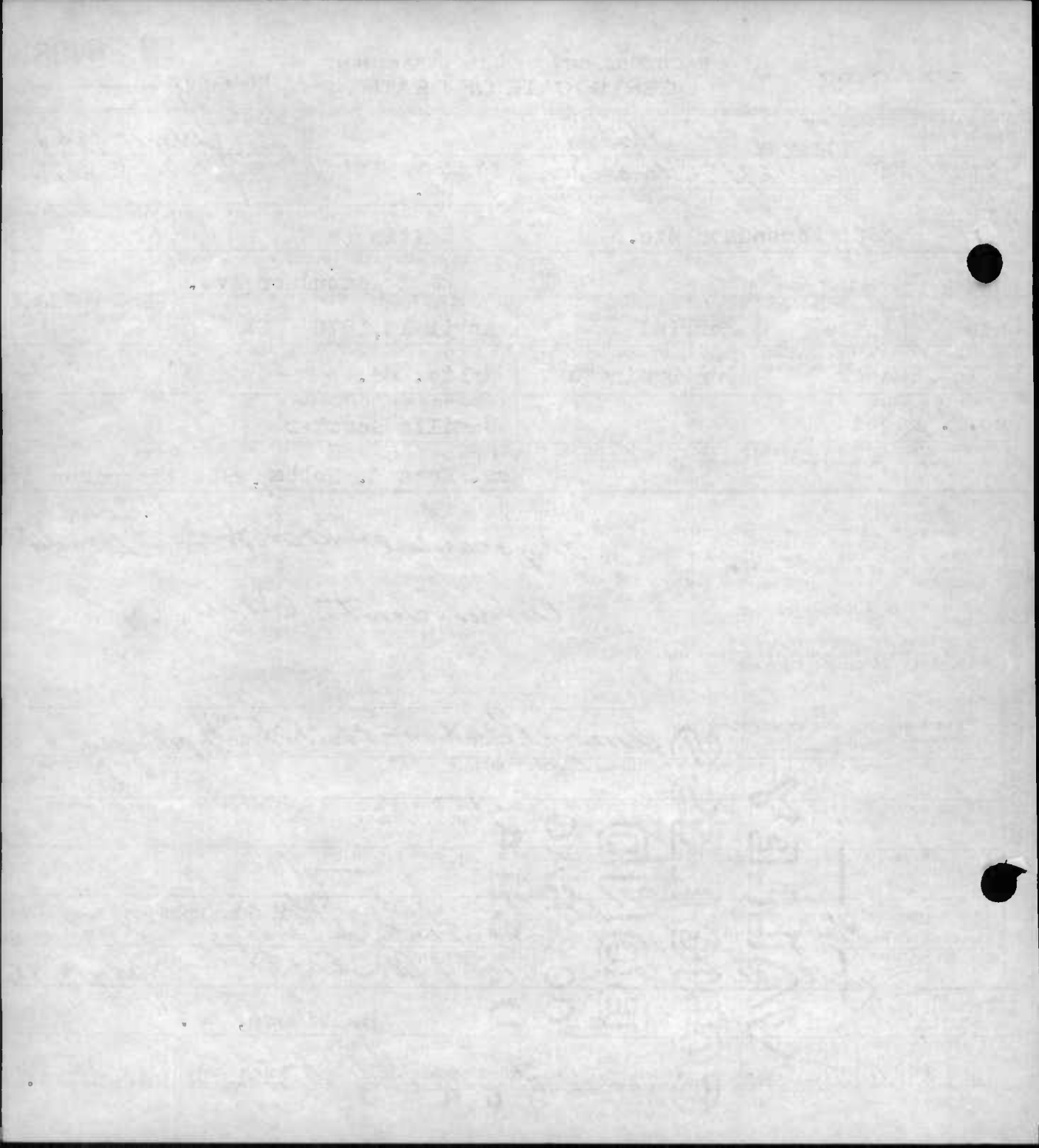
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) <i>George F. Hobbs.</i>			2. DATE OF DEATH <i>July 12, 1952</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland <i>2932 Edmondson.</i>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE <i>Md.</i> b. COUNTY _____		
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>2932 Edmondson Ave.</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>16-06</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			d. STREET ADDRESS (If rural, give location) <i>2932 Edmondson Ave.</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>April 12, 1870</i>		9. AGE (In years last birthday) <i>82</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Music Teacher</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Own Business</i>		11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i>
13. FATHER'S NAME <i>Geo. F. Hobbs</i>			12. CITIZEN OF WHAT COUNTRY? _____		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <i>Mrs. Emma A. Hobbs</i>			ADDRESS <i>2932 Edmondson Ave</i>		

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <i>Myocardial Infarction</i> DUE TO (B) <i>Arteriosclerotic C.V. Dis.</i> DUE TO (C) <i>Urinary Retention - Prostatic Hypertrophy</i>	INTERVAL BETWEEN ONSET AND DEATH <i>Immediate</i>
--	---	--

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) _____	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <i>Nov 1950</i> to <i>July 12, 1952</i> that I last saw the deceased alive on <i>July 10, 1952</i> and that death occurred at <i>5:15 P. M.</i> from the causes and on the date stated above.					
23A. SIGNATURE <i>Dr. G. Hall</i>		23B. ADDRESS <i>1039 W. Paul St.</i>		23C. DATE SIGNED <i>July 12, 1952</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>July 15/52</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Loudon Park</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>JUL 14 1952</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>		25. FUNERAL DIRECTOR <i>Harry H. Smith</i>	
VS 150		ADDRESS <i>4101 Edmondson Ave.</i>			

MEDICAL CERTIFICATION



52 6497

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH52 6497
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Allen Grant Ammenheuser

2. DATE
OF
DEATH

July 11/52

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)

1001 N. Fulton Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

16-03

D. STREET ADDRESS (If rural, give location)

1001 N. Fulton Ave.

c. Length of stay in Baltimore

Life

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 22, 1902

9. AGE (In years
last birthday)

50

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Proprietor

10B. KIND OF BUSINESS OR

Motor Parts Store

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John G. Ammenheuser

14. MOTHER'S MAIDEN NAME

Lotta A. Rehbein

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

212 03 9764

17. INFORMANT

ADDRESS

Mrs. Ethel Ammenheuser, 1001 N. Fulton Ave

18. 201X I

CAUSE OF DEATH

Ave

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Hodgkin's disease

2 yr ?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

Biopsy cervical + axillary glands Feb, April 1952

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1952, to July 11, 1952, that I last saw the
deceased alive on July 10, 1952, and that death occurred at 12:35 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

July 14/52

Moreland Memorial Pk.

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M. Harry H. Witzke

4101 Edmondson Ave

VS 150

29065094

MEDICAL CERTIFICATION

THE NATIONAL BUREAU OF STANDARDS
DEPARTMENT OF COMMERCE



52 6498

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6498

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DENEAL, CREED H.

2. DATE
OF
DEATH

July 10, 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-10

D. STREET ADDRESS (If rural, give location)

1008 E. Arlington Avenue

C. Length of stay in Baltimore

41 years

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

MARRIED

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Sept. 22, 1895

9. AGE (In years last birthday)

56

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PORTER

10B. KIND OF BUSINESS OR INDUSTRY

APT. Houses

13. FATHER'S NAME

ROBERT DENEAL

11. BIRTHPLACE (State or foreign country)

Washington, D.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

Julia MASON

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown)

No

16. SOCIAL SECURITY NO.

218-145113

17. INFORMANT

ADDRESS

MRS. EMMA DENEAL 1008 E. Arlington Ave. Balt. Md.

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

(B)

Hypertension

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

4 Days

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 8, 1952 to July 10, 1952 that I last saw the deceased alive on July 10, 1952 and that death occurred at 9:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Clifford P. Mussender, M.D.

23B. ADDRESS

2309 Druid Hill Ave

23C. DATE SIGNED

July 11, 1952

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

7/15/52

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county) (State)

Brooklyn, Anne Arundel Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

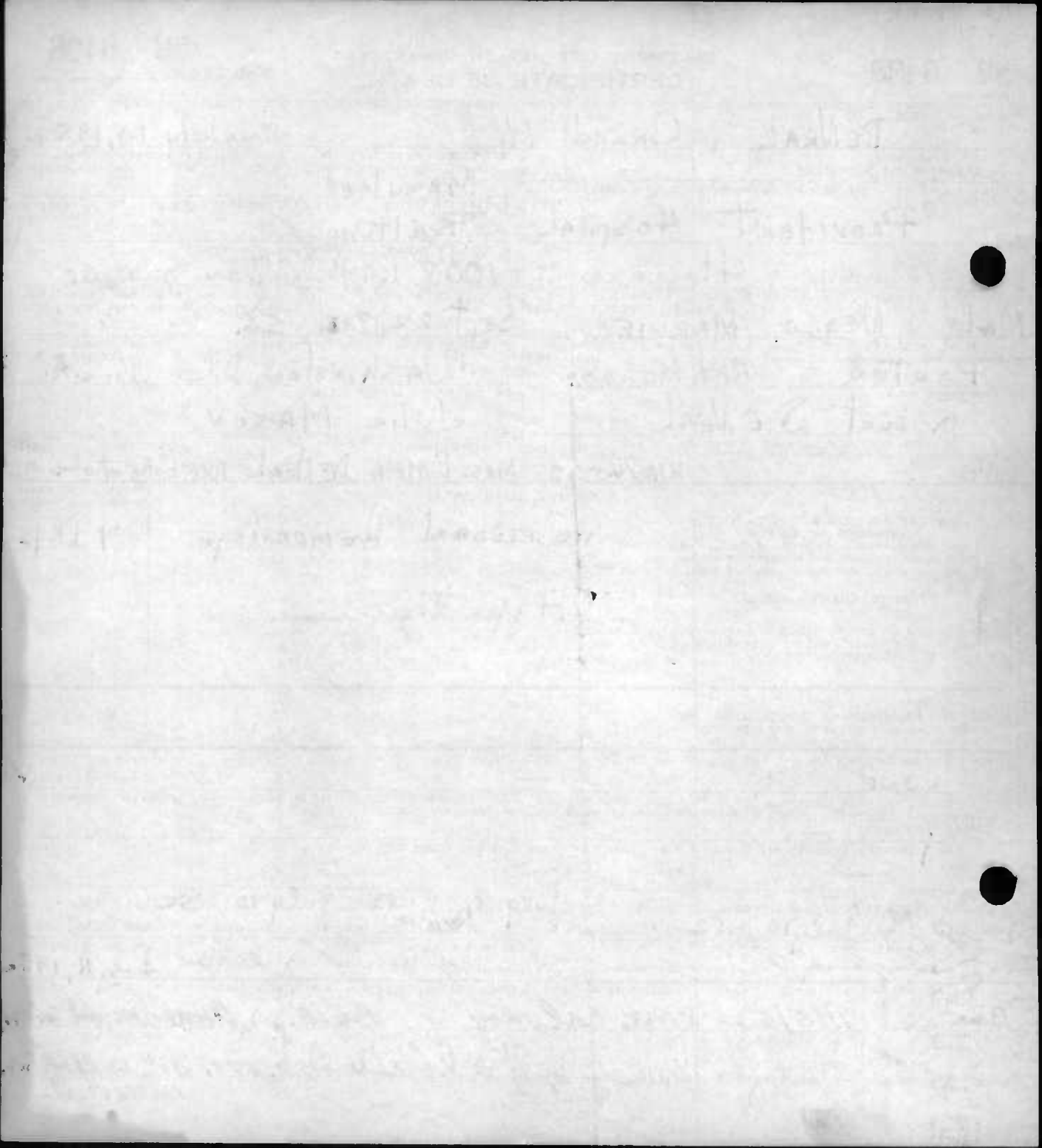
25. FUNERAL DIRECTOR

J. Chatham, Jr. 1701 M. E. Culler St. Balt. Md.

VS 150

78074

MEDICAL CERTIFICATION



614
52 6499BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

52 6499

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA TRIBULL

2. DATE
OF
DEATH

13 JULY 1952

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

LUTHERAN HOSP. OF MD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 26-11.

D. STREET ADDRESS (If rural, give location)

708 S. EAST AVE.

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

AUG. 7 1882

9. AGE (In years
last birthday)

69

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Schuberth

14. MOTHER'S MAIDEN NAME

Francis

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 157X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) OBSTRUCTIVE JAUNDICE

2 mos.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) CARCINOMA OF PANCREAS

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

9 JULY '52

19B. MAJOR FINDINGS OF OPERATION

CARCINOMA OF PANCREAS

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1 JULY, 1952, to 13 JULY, 1952, that I last saw the
deceased alive on 12 JULY, 1952, and that death occurred at 4:20 A. M., from the causes and on the date stated above.

23A. SIGNATURE

James P. O'Hara, M.D.

23B. ADDRESS

Huntington Hwy. of Md 13 JUL 52

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

7-16-52

24C. NAME OF CEMETERY OR CREMATORY

Good Hope

24D. LOCATION (City, town, or county) (State)

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Lilly & Zuckerman - 403 S. Wolfe

JUL 14 1952

VS 150

5-20-52 6 4006

H

MEDICAL CERTIFICATION

REPORT OF THE HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1918

NAME OF DECEASED
AGE
SEX
RACE
DATE OF DEATH
PLACE OF DEATH
CAUSE OF DEATH
DISEASE
MANNER OF DEATH
SIGNATURE OF PHYSICIAN
SIGNATURE OF REGISTRAR

John Smith

12-10-18
John Smith
12-10-18

660

52 6500

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 52 6500

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Harry Henry Narer

2. DATE
OF
DEATH

July 12- 52

3. PLACE OF DEATH:

A. Baltimore City, Maryland I715 Spence St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Baltimore City

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONC. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
I715 Spence St 25-43

c. Length of stay in Baltimore Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 11 - 1898

9. AGE (In years)

34

If Under 1 Year Months: Days

If Under 24 hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Mill worker

10B. KIND OF BUSINESS OR INDUSTRY

Fat Rendering

11. BIRTHPLACE (State or foreign country)

Baltimore City

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

George Narer

14. MOTHER'S MAIDEN NAME

Margaret Heffner

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Helen Narer I715 Spence Balto Md No 50

18. 420.1 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/22/51, 19__, to 7/12/52, 19__, that I last saw the deceased alive on 7/12/52, 19__, and that death occurred at 3:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

141952

Huntington Williams, M.D.

Edward Toulson 2359 Wash Blvd Balto 30 Md

VS 150

6904R

MEDICAL CERTIFICATION

10/20

UNITED STATES DEPARTMENT OF AGRICULTURE

OFFICE OF THE SECRETARY

10/20

WASHINGTON, D. C.

10/20/1917

TO THE SECRETARY

FROM THE SECRETARY

RE: [illegible]

[illegible]

[illegible]

10/20/17

10/20/17